



KAVOD ELEMENTARY CHARTER SCHOOL

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Consent to Share Student Records and Confidential Information

Student's Name: _____ Date of Birth: ____/____/____

RECORDS RELEASE

I hereby give permission to release copies and/or share confidential information listed below:

_____ **All School Records**, including but not limited to: Cumulative-permanent record, special education records, grade reports, discipline records, health records, attendance records, test scores, copy of birth certificate.

_____ **All Special Education Records**

_____ **Specific Education Records** (checked below):

- | | | |
|-----------------------------------|--|-------------------|
| _____ Medical Information | _____ Social History | _____ IEP |
| _____ Psychological Evaluations | _____ Psychiatric Evaluations | _____ Test Scores |
| _____ Speech/Language Evaluations | _____ Occupational Therapy Evaluations | |
| _____ Health/Attendance records | _____ Physical Therapy Evaluations | |
| _____ Other: _____ | | |

_____ **Other** (Specify): _____

To be provided to:

Name:	Name:
Email:	Email:
Phone Number:	Phone Number:
Address:	Address:

APPROVAL FOR SHARED INFORMATION

I hereby give permission for the following individuals to discuss and share confidential information about _____ (student's name), unless specially indicated below.

School Employees	Authorized Individuals:
Name:	Name:
Email:	Email:
Name:	Phone Number:
Email:	Address:
Name:	
Email:	

Information Not to be Released/Discussed: _____

Consent Signature

I understand that this release of information is in effect through _____ (date - not to exceed one year), and that I may withdraw consent for this release at any time.

Parent/Guardian

Date

Withdraw of Release Authorization

I am revoking the above consent for release and/or shared information between the parties indicated as of _____ (date).

Parent/Guardian

Date