

GOLDENDALE SCHOOL DISTRICT No. 404
HEALTH SERVICES DEPARTMENT

Primary School
Phone: 509-773-4665
Fax: 509-773-6602

Middle School
Phone: 509-773-4323
Fax: 509-773-4579

High School
Phone: 509-773-5846
Fax: 509-773-8019

RELEASE OF INFORMATION

Student: _____ Date of birth: _____

I hereby give my permission for the agency/individual listed below to exchange information with Goldendale School District regarding the above named student.

School District: _____

Address: _____

Phone: _____

The data to be released and exchanged shall include medical, social, psychological, or educational information.

I understand that the purpose of the release and exchange of information is to provide information to assist the school in making a comprehensive educational assessment and/or in planning an educational program.

I understand that I may revoke this consent at any time, except to the extent that action has been taken on it.

I understand that records used by the school may become part of the student's school record.

Parent/guardian signature: _____ Date: _____