

Release of Information

Curé of Ars Catholic School
9403 Mission Road
Leawood, KS 66206
Phone: 913-648-2620
Fax: 913- 648-3810

Form updated 6/1/2017

Student _____ DOB _____

Students' Address _____ City, State, Zip _____

Classroom Teacher _____ Grade _____

AUTHORIZATION FOR USE OR DISCLOSURE AND/OR RECEIPT OF EDUCATIONALLY RELEVANT INFORMATION INCLUDING

- EDUCATIONAL TEST RECORDS** including
 - Standardized test records and scores
 - All subjects & grades for current school year. Final grades for previous school years.
- MEDICAL RECORDS AND EVALUATIONS, including immunizations & health.**
- DISCIPLINARY RECORDS,**
- SOCIAL/ PSYCHOLOGICAL/ PSYCHIATRIC EVALUATION & SUMMARY**
- OTHER PERTINENT INFORMATION ABOUT THE STUDENT'S INDIVIDUAL NEEDS SUCH AS:** _____

The information identified above is released / requested for educational purposes and/or related services. Health Information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access in rights) HIPPA 1996.

I (print name) _____ grant my permission to Curé of Ars Catholic School

to: Request information and/or Release information From/To: _____

in writing and/or in verbal form Organization's # or Fax _____

I understand that this consent, unless revoked in writing, will expire one year from signature date unless otherwise specified.

Parent Signature

Date

Please send information to and/or communicate with any of the following:

Andrew Legler-Principal, Kim Hammers-Vice Principal, Carolyn Herron-School Counselor from Catholic Charities, and/or Elizabeth Bundy, Rachel Watts, and Deborah Kovarik- the School's Resource Coordinators at the below address and numbers:

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Leawood, KS 66206
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Fax: 913- 648-3810

Date Records sent/received: _____

Sent to : _____

Sent by: _____

Sender's Contact Information: _____