**Consent to Share Information**

Directions: Use of this form permits organizations and cooperating agencies to share confidential information and work together in providing services for students. Examples of organizations and cooperating agencies include educational service organizations, social service agencies, law enforcement agencies, mental health service providers, and health care providers.

I authorize the following organizations and cooperating agencies to exchange information

related to .

student name

(List name and address of organizations in space below.)

This information will be kept confidential by the receiving organization or agency.

This agreement will expire on .

date

The information exchanged will be used to provide medical, educational, and welfare management services in the best interests of the student. I understand that personal records are protected by various federal and state laws and cannot be disclosed without this, my written consent, unless otherwise authorized.

Signature

Relationship Date

Name (PRINTED)

Student signature (optional) Date

Witness Date

This form has been sent to:

Agency name Date

Agency name Date

Agency name Date