

## AUTHORIZATION FOR RELEASE OF INFORMATION

I. I, the undersigned Parent or Guardian of: \_\_\_\_\_  
DOB: \_\_\_\_\_, do hereby authorize Doniphan County Education  
Cooperative #616, P.O. Box 399, Troy, Kansas 66087,  
to disclose to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand this may include psychological, social, medical, and  
educational information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Pursuant to S438 of the Family Education Rights and Privacy Act of 1974,  
Doniphan County Education Cooperative #616 requests copies of any and  
all records that will help to make judgment as to the above named student's  
educational program.

It is understood and agreed that any information released to Doniphan  
County Education Cooperative #616 will not be released to any other  
party without written consent of the parents of the above named  
student or the student, if eighteen years of age.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_