

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 receive from:

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: _____