

**HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT # 6
DEPARTMENT OF SPECIAL EDUCATION**

PARENTAL CONSENT FOR DISCLOSURE OF INFORMATION

STUDENT: _____

DOB _____

As a parent/guardian of the above listed child, I hereby authorize the Heber-Overgaard School District # 6 to release to:

the following information concerning the above named student:

_____ Cumulative Folder/Permanent Report Card

_____ Health History & Medical Reports

_____ Special Education Reports

_____ Psychological Reports

_____ Other _____

The purpose of the release is _____

This release is made by the Heber-Overgaard Unified School District # 6 in accordance with all the State and Federal laws regarding student records, and therefore, it is understood by the receiving party, as indicated above, that these records are to be used only for the purpose stated and that they will not be released to any other party without written consent of the parent/guardian or as provided by law.

Parent/Guardian

Date