

Milford School District
CONSENT FOR RELEASE/EXCHANGE OF INFORMATION

Date: _____

To/From: _____

To/From: **MHS/MMS/MES**
Attn: Student Services

Fax number: _____

Student: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____

I hereby give my permission for the Release/Exchange of relevant records and information, as described below, regarding my child to the Milford School District. The release entitles the Milford School District to both send and receive written documents and to orally communicate information concerning my child. This information will be used for the following purpose:

_____ Educational Records

_____ Medical/Health Records

_____ SPED Files

_____ Test Results

_____ Official Transcript

I understand that under the provisions of Public Law 93-830, the Family Educational Rights and Privacy Act of 1974, the School District will not release any personally identifiable information regarding my child except with my written permission specifying the records to be released, reasons for such release and to whom the records should be released.

Signature: _____ Date: _____

A copy of this consent shall have the same force as the original. This consent is valid for one year from the date signed.