



Date: _____

Request to Release or Secure Confidential Information

Mesa County Valley School District 51
Hawthorne Building
410 Hill Avenue
Grand Junction, CO 81501

Student ID

Legal Name of Student

This permission shall be valid for the following duration:

Beginning Date: _____, Termination Date: _____.

Records to be Released or Secured					
Audiometric	<input type="checkbox"/>	Medical (Health)	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	Psychological	<input type="checkbox"/>
Speech/Language	<input type="checkbox"/>	Other (Specify)			

From:	To:

All information released or secured will be in compliance with the Family Educational Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent (legal guardian), except as provided by law.

Send all information to the following address only:

Mesa County Valley School District #51 Nursing
410 Hill Avenue
Grand Junction, Colorado 81501
Attn:

Parental Consent:

I understand that consent is voluntary and may be revoked at any time in writing.

I hereby authorize the transfer of information as indicated above: Yes No

Signature of Parent (Legal Guardian)

Date