

PARKWAY SCHOOL DISTRICT AUTHORIZATION TO USE AND EXCHANGE INFORMATION

By signing this form, I allow agencies to use and exchange certain information about my child, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

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1,		, am signing this form for
(FULL PRINTED NAME OF AUT	HORIZING PERSON OR PERSONS)	
(FU	JLL PRINTED NAME OF STUDENT)	
(STUDENT'S ADDRESS) (ST	UDENT'S BIRTH DATE) (STU	DENT'S SSN - OPTIONAL)
My relationship to the studen		Authorized Representative
I want the following confiden	tial information about my stu	ident to be exchanged:
Yes No □ Assessment Information □ Financial Information □ Benefits/Services Needed □ Psychological Records	Yes No	Yes No □ □ Educational Records □ □ Psychiatric Records □ □ Criminal Justice Records □ □ Substance Abuse Records
Other Information (write in):		
I hereby authorize		
(NAME AND ADDRESS OF REFERRING and Parkway School District, A		RSON)
(NAME AND ADDRESS OF PARKWAY to exchange the above noted □ Yes □ No		•

(Name)	(Address)	(Phone Number)	
Person Explaining	Form:		
Jigilatai 6(3)	(AUTHORIZING PERSON OR PE	ERSONS)	
Signature(s):		Date:	
(FERPA) (20 U.S. C "Student Records.	O .	art 99) and Parkway Policy JR	A.BP
confidentially and	fully comply with The Fan	nily Educational Rights and Pr	ivacy Act
		arkway School District will trea	
		nformation disclosed pursuant vient and not be subject to the	
each agency indiv understand that tr	vidually to give information reatment and services can	on about me that is needed. In	However, I her I sign
If I do not sian thi	is form, information will r	not be shared and I will have	to contact
share information.		opy or time form de vand dati.	0.1241.011.10
	9	ared, and why, when, and with copy of this form as valid auth	
		right to inspect, upon request,	
District will stop s	haring information after re	eceipt of my written notice th	at this
		y sending written notification e listed above. The listed ager	
□ This authorizati	ion is effective	until	
	ion is continuing in nature n revoking the authorizat	e, unless revoked in writing. ion.)	(See below
Check One:			
	in Meetings of by Thoric	Beompacerized baca Brax	
	nation to be shared by the	e following means: (check all the Computerized Data Fax	nat apply)
Other: 			
□ Service Coordination	n and Treatment Planning	NLY for the following purpose — Eligibility Determination	c(s).