



OAKLAND UNIFIED SCHOOL DISTRICT Programs for Exceptional Children

PERMISSION TO RELEASE AND/OR EXCHANGE INFORMATION

Name of Student

Birthdate

Address

City

State

Zip

Email:

I give the Oakland Unified School District my consent to obtain, disclose, and/or exchange the following confidential information:

- Medical Records, Attendance Records, Enrollment History, Disciplinary Information, IEP Records, Immunization/Medical Records, Transcripts/Test scores, Psych Records, Other:

Notes:

I request the following information released/exchanged pursuant to this authorization be used for the following purposes only:

- Educational Assessment, Educational Planning, Health Care Planning

This authorization shall become effective immediately and shall remain in effect until (or for one year from the date of signature if no date is entered).

Date

Parent Signature OR Student Signature (18 or older)