

Galena R-II School District

(417) 357-6027

P.O. Box 286, Galena, MO 65656

www.galena.k12.mo.us

Consent for Release/Mutual Exchange of Information

Student: _____ DOB: _____ Grade: _____

I hereby authorize the release/mutual exchange of information, both verbally and/or written, between the Galena R-II School District and agency, individual, physician and/or other school district listed below. I understand that all information exchanged by the individual(s) or agencies is confidential and will not be disclosed to another party without the prior written consent of the parent/legal guardian/students.

(School District, Agency, Individual or Physician)

(Mailing Address) (City/State) (ZIP Code)

(Phone Number) (Fax Number)

I request release/mutual exchange of the following information:

- _____ All grades (including withdrawal grades)
- _____ Special Education records including current IEP and Diagnostic Summary
- _____ Immunization/Health records
- _____ Birth Certificate
- _____ Social Security Number
- _____ Psychological reports and/or educational and/or educational evaluations by the school district, outside agency, or treatment center
- _____ Discipline records
- _____ Other:

Please release records to:

Galena High School Counselor's Office
Galena High School
PO Box 286
Galena, MO 65656
Fax: (417) 357-8444

(Parent/Legal Guardian Signature)

(Date)