State Of Oklahoma Standard Form
Consent For The Release Of Confidential Information

I understand that these records are protected under Federal and State confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent and in any event this consent expires one year from the date of signature.

Authorizing Person: ☐ Child ☐ Parent ☐ Guardian ☐ Legal Custodian

☐ Other: _____

request that information concerning:

_____ _____ _____

NAME OF CHILD | DATE OF BIRTH | SOCIAL SECURITY NUMBER

be releases and authorize _____

NAME OF PERSON OR AGENCY RELEASING INFORMATION

_____

ADDRESS OF PERSON OR AGENCY RELEASING INFORMATION: INCLUDE STREET ADDRESS/P.O. BOX, CITY, STATE AND ZIP

to release to:

_____ _____ _____

1. NAME/AGENCY | 1. ADDRESS | 1. CITY, STATE, ZIP

_____ _____ _____

2. NAME/AGENCY | 2. ADDRESS | 2. CITY, STATE, ZIP

_____ _____ _____

3. NAME/AGENCY | 3. ADDRESS | 3. CITY, STATE, ZIP

for the following information: _____

KIND AND/OR EXTENT OF INFORMATION TO BE RELEASED

for the following purpose(s): _____

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Redisclosure, except as provided at 34 CFR § 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION THAT COULD BE CONSIDERED INFORMATION ABOUT COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

☐ Notary _____

NOTARY

Subscribed and sworn to me _____

DATE

My commission number _____

COMMISSION NUMBER

_____

NOTARY PUBLIC (OR CLERK OR JUDGE)

_____

SIGNATURE OF PERSON(S) AUTHORIZING RELEASE

_____

DATE

☐ Agency Verification in Lieu of Notary: _____

DATE

_____ _____

STAFF SIGNATURE | STAFF TITLE

OKLAHOMA Education