

# CONSENT TO EXCHANGE/RELEASE CONFIDENTIAL INFORMATION

DATE SENT/MAILED/EMAILED: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade during the 20\_\_\_\_ - 20\_\_\_\_ school year: \_\_\_\_\_

REQUESTING SCHOOL: Grace Christian School PREVIOUS SCHOOL/DOCTOR/THIRD PARTY: \_\_\_\_\_

ADDRESS: 7760 Prue Rd. \_\_\_\_\_

San Antonio, Texas 78249 ADDRESS: \_\_\_\_\_

PHONE: (210) 265-8166 \_\_\_\_\_

FAX: None PHONE: \_\_\_\_\_

EMAIL: gracecstx@gmail.com EMAIL: \_\_\_\_\_

**I request that the information indicated below to be sent to Grace Christian School via: [ ] Email [ ] Mail**

This consent for exchange/release of confidential information is for the exchange/release between the school district and the third party of the above-named student's record(s)/confidential information including health information, as follows:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> transcripts of past academic record           | <input checked="" type="checkbox"/> IEP's                                     |
| <input checked="" type="checkbox"/> grades earned during the current year to date | <input checked="" type="checkbox"/> 504 accommodations                        |
| <input checked="" type="checkbox"/> record of attendance                          | <input checked="" type="checkbox"/> alternative school placements             |
| <input checked="" type="checkbox"/> immunization record                           | <input checked="" type="checkbox"/> expulsion records                         |
| <input checked="" type="checkbox"/> standardized test scores                      | <input checked="" type="checkbox"/> any other pertinent information available |

Third Party Notice: Please indicate if any of the above are not available due to not being applicable. Which of the above records are not applicable? \_\_\_\_\_

If consent is granted, the third party to whom information is disclosed may not disclose the information to any other party without the prior consent of the parent or eligible student.

Please respond to each statement by checking **YES** or **NO** and signing at the bottom.

Yes  No I have been fully informed of the record(s) and information to be disclosed, the purpose of the disclosure, and the parties who will be exchanging/releasing the record(s) and information.

Yes  No I give my consent for the exchange/release of confidential information.

Yes  No I understand that my consent for the exchange/release of confidential information is voluntary and may be revoked at any time. However, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

Yes  No The information provided to me has been provided in my native language or other mode of communication. If other than English, specify: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian or Adult Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interpreter, if used

\_\_\_\_\_  
Date