



Wisconsin Heights School District
Randy Freese, District Administrator
10173 US Highway 14
Mazomanie, WI 53560
(608) 767-2595
(608) 767-3579 FAX
rfreese@wisheights.k12.wi.us

PERMISSION TO OBTAIN AND DISCLOSE INFORMATION

Date _____

Dear _____

We would like your permission to ____ **obtain**, ____ **disclose** (check accordingly) student records regarding your child, _____. The reason for this request is: on-going evaluation Other: _____.

Please review the information below and enter your signature and date in the section below. If you have questions regarding this request, please contact me at: _____.

Sincerely,

(Name and title of district contact person)

PARENT/GUARDIAN RESPONSE SECTION

I, the undersigned, hereby consent and authorize:

Name of school, agency(s) or person: _____

Street Address: _____

City, State and Zip: _____

To ____ **obtain from**, ____ **disclose to** (check accordingly):

Name of school, agency(s) or person: _____

Street Address: _____

City, State and Zip: _____

The student records which I have indicated below:

Name of Child: _____ Birthdate: _____

Wisconsin Heights MS/HS
Asta Sepetys, Principal
10173 US Highway 14
Mazomanie, WI 53560
(608) 767-2586
(608) 767-2062 FAX
asepetys@wisheights.k12.wi.us

Wisconsin Heights MS/HS
Rich Moyer, Asst. Principal
10173 US Highway 14
Mazomanie, WI 53560
(608) 767-2596
(608) 767-3579 FAX
rmoyer@wisheights.k12.wi.us

Mazomanie Elementary
Dale Green, Principal
314 Anne Street
Mazomanie, WI 53560
(608) 767-2737
(608) 767-2103 FAX
dgreen@wisheights.k12.wi.us

Black Earth Elementary
Deb Winkler, Principal
1133 Center Street
Black Earth, WI 53515
(608) 767-2251
(608) 767-2545 FAX
dwinkler@wisheights.k12.wi.us

- Progress records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement results)
- Behavioral records
- Psychological evaluations and Social Work reports
- Special education records
- Individualized education program (IEP) evaluations and related reports
- Individualized education programs
- Law enforcement records
- Appropriate agency reports
- Medical and/or related health records. Specify: _____
- _____
- Athletic/Sports Card
- Other (specify) _____
- _____

PURPOSE OF DISCLOSURE: The information is requested for the purpose of educational programming and service, medical evaluation and treatment, health assessment and planning, or other (specify, such as "at request of the individual") _____

ACKNOWLEDGMENTS: Receive Records & Authorization – I understand that I have a right to a copy of the records that are disclosed and a right to a copy of this authorization. Withdrawal of Authorization – I understand that I have the right to revoke this authorization, except to the extent that disclosure has already been made in reliance on this authorization. I understand that my revocation has already been made in reliance on this authorization. I understand that my revocation is effective only if it is in writing and it is submitted to the individual/entity that is releasing information. Re-Disclosure of Health Information – I understand that if my child’s health information is disclosed pursuant to this authorization, it may be subject to re-disclosure by a person who receives the health information and may not be protected by federal law. Voluntary Authorization – I understand that a health care provider may not condition health care treatment, payment or eligibility for health plan benefits on whether or not I sign this authorization. HIV Test Results – I understand that the HIV test results of the pupil may be disclosed without authorization to persons/organizations that have access under State law and a list of those persons/organizations is available upon request.

This permission is valid for one year from the date signed. A copy of this form is as effective as the original. After signing, please return one copy to the Director of Pupil Services. Thank you.

Signature of Parent/Guardian/Student if of legal age

Date

Relationship to Student: _____

Address/Phone: _____

Check here if you are requesting a copy of education records disclosed by the District (fee for education record copies may be imposed).

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