



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 SSN

be released 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:

NAME/AGENCY NAME/AGENCY NAME/AGENCY
ADDRESS ADDRESS ADDRESS
CITY, STATE, ZIP CITY, STATE, ZIP CITY, STATE, ZIP

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. Redislosure, 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 AND RECORDS WHICH MAY INDICATE THE PRESENCE OF A 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 20
My commission number
My commission expires 20
Notary Public
(or Clerk or Judge)

(signature of person(s) authorizing release)
(date)

[] AGENCY VERIFICATION IN LIEU OF NOTARY:
(staff signature and title) (date)