Carmel Clay Schools

5201 East Main Street, Carmel, Indiana 46033 · Telephone: 317.844.9961 · Fax: 317.844.9965 · www.ccs.k12.in.us

Consent for Release of Information

Student's Name: _____ DOB: _____

Home School: _____ Grade: _____

School Attending: _____ Phone: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip _____

The _____ may:

☐ Send information to: ☐ Receive information from:

Agency/Person: _____

Address: _____

City/State/Zip: _____

Please send the following information records to assist with the above student's educational programming:

☐ Educational Records	☐ Speech/Language	☐ Physical Therapy
☐ Psychological/Psychiatric	☐ Audiological	☐ Occupational Therapy
☐ Social Work	☐ Medical/Health	☐ Other: _____

The consent for release or exchange of information is authorized for twelve months. I understand that I may revoke my consent by notifying my child's school in writing that I am revoking consent. I also understand that my revocation does not apply to action taken before I revoked my consent.

Signature of Parent/Guardian or student, if age 18 _____ Date: _____

Signature of Witness _____ Date: _____

Please return to: _____

_____

_____

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