



Consent for Mutual Exchange of Information

621 Linwood Avenue SW ☒ Tumwater, WA 98512 360-709-7000

Date _____

Student Name _____ Birth Date _____

Age ____ Gender ____ Grade ____ Parent/Guardian Phone _____

I hereby authorize the exchange of records between:

Provider:	Tumwater School District Staff:
_____ Agency / Person Name	_____ Staff Name
_____ Address	_____ Title/Position
_____ City State Zip	_____ Phone Fax
_____ Phone	_____ School
_____ Fax	_____ Address
	_____ City State Zip

Check all record types to be released:

- Health Record
 Evaluations / Assessments and Reports
 Psychological and Counseling Records
 Other _____

The information obtained will be treated in a confidential manner by the school district under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received is protected under FERPA privacy standards by a school district and not the Health Insurance Portability and Accountability ACT (HIPAA).

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive services. I understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

This consent and authorization is valid for 90 Days from the date of parent/adult student signature. Consent may be withdrawn at any time in writing, except where information has already been released based upon my authorization.

Parent / Guardian Signature

Date

Print Name as Signed Above

Student Signature (If over age 13)