AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Student Name _____

Information to be released by:

____ Milwaukee Jewish Day School
6401 N. Santa Monica Blvd.
Milwaukee, WI 53217

____ or the School District of:
Name: _____
Telephone: _____
Address: _____
_____
_____

____ Other: _____

Information to be released to:

____ Milwaukee Jewish Day School
6401 N. Santa Monica Blvd.
Milwaukee, WI 53217

____ Other :_____
Name: _____
Telephone: _____
Address: _____
_____
_____

The confidential information that may be disclosed (including paper, oral, and electronic interchange) under this authorization includes:

____1. All Education records as defined in the federal Family Education Rights and Privacy Act (FERPA) and pupil records as defined in Section 118.125, Stats.
____2. Only the information described below.
____ All psychiatric and psychological reports.
____ All social work reports.
____ All education testing reports.
____ Other: _____
_____

The purpose for this authorization is:
___ 1. At the request of the individual; or
___ 2. Other _____

This authorization expires one (1) year after the date of signing. The parent may revoke this authorization at any time in writing by sending a letter addressed to the individual or entity authorized by this form to disclose confidential information which specifically revokes this authorization, except to the extent that action has been taken in reliance on this information. If disclosure authorized by this form is to be made by this school, notice of revocation should be made to this school. A photostatic copy of this authorization shall be valid as the original.

_____ _____ _____
Signature (Parent/Guardian) Relationship to Pupil Date

_____ _____
Address Phone Number