

Consent for Release/Exchange of Student Records and Information

Student's Name: _____ Date of Birth: ____/____/____

I hereby give permission to release/exchange copies of and/or share information contained within the Student's school student records listed below:

____ All School Student Records, including but not limited to:
Cumulative-permanent record, special education records, grade reports, discipline records, health records, attendance records, test scores and copy of birth certificate.

____ All Special Education Records

____ Specific School Student Records (checked below):

Medical Information	Social Histories	Psychological Evaluations
Psychiatric Evaluations	IEP	Speech/Language Evaluation
Health/Attendance Records	Birth Certificate	Physical Therapy Evaluation
Test Scores	Occupational Therapy Evaluation	
Cumulative-Permanent Records	Other (specify): _____	

This information is to be released/exchanged between:

School/Agency: _____

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

Address: _____

City, State, ZIP: _____

Attn: _____

Phone: _____

Email: _____

Attn: _____

I understand that this release/exchange of information is in effect through ____/____/____ (not to exceed one year), and that I may revoke consent for this release/exchange in writing at any time.

Parent/Guardian Name

Parent/Guardian Signature

____/____/____
Date

