

**WASHINGTON WEST SUPERVISORY UNION
CONSENT FOR THE RELEASE OF PERSONALLY IDENTIFIABLE DATA**

Name of Student: _____

Date: _____

1. Specification of the records to be disclosed:

2. The purpose(s) of disclosure is/are:

3. Describe the party or class of parties to whom the disclosure may be made:

Date

Parent or Guardian

Date

Eligible Student

NOTE:

1. If the dominant language of the home is other than English, this form must be completed in that language as well as English.
2. Parents may have copies upon request.
3. Eligible students may have copies upon request.

If you have any questions regarding this request, please call _____
at _____ (Name)
(Phone Number)