

**Oregon School District**  
**123 East Grove Street, Oregon, WI 53575**  
**(608) 834-4091**

**AUTHORIZATION TO RELEASE RECORDS AND EXCHANGE INFORMATION**

**I give consent to the Oregon School District to disclose the pupil records and exchange information as specified below pursuant to Wis. Stat. § 118.125 and the Family Educational Rights and Privacy Act (34 CFR 99.30). I am legally authorized to provide this consent. I understand that my consent is voluntary.**

Student's Name:

\_\_\_\_\_

(Last, First, Middle Initial)

Persons/organizations to whom the disclosure will be made:

\_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Purpose of disclosure: \_\_\_\_\_

Specific description of information to be released (check all that apply):

- Attendance records
- Progress records including grades, test results, classes taken, immunizations, and co-curricular activities
- Behavioral records
- All medical and/or related health records
- IEP / special education records and related reports
- Agency reports such as Department of Children and Families or law enforcement records

This permission is valid for one year from the date signed or until the following date/time:

\_\_\_\_\_.

A copy of this form is as effective as that of the original. I can revoke this permission at any time by sending written notice to the Oregon School District at the address above, but it will not have any affect on any disclosure of information that occurred before the District received the notice.

\_\_\_\_\_  
Name of Parent / Legal Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Student Signature (if 18 or older)

\_\_\_\_\_  
Date