

Kenosha Unified School District No. 1
Office of Student Support
3600 52nd St., Kenosha, WI 53144
(262) 653-6276

PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

Name: _____ I.D. No.: _____ DOB: _____ Date: _____

I, the undersigned, hereby request and authorize Kenosha Unified School District No. 1 to release to/obtain from:

[School, agency(s), or person]

- Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude/achievement test results)
- Medical and/or related health records
- Psychological evaluations/social work reports
- Multidisciplinary team evaluations and related reports
- Appropriate agency reports
- Individualized education program
- Other (specify) _____

This permission is valid for one year from the date signed. A copy of this form is as effective as the original.

Signature of parent(s)/guardian(s)

Date

Send information to: Name _____
 School _____
 Address _____
 Kenosha, WI _____
 Zip _____

No person may be denied admission to, be denied participation in, be denied of the benefits of, or be discriminated against in any curricular, extracurricular pupil services, recreational or other program activity because of the person's sex, race, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

Make 4 copies. Copy 1: Special Education Copy 2: Parent(s)/Guardian(s) Copy 3: Agency Copy 4: Student Record