PERMISSION TO EXCHANGE INFORMATION

MICHIGAN CITY AREA SCHOOLS
408 S CARROLL AVENUE
MICHIGAN CITY, IN 46360

To facilitate communication and assist the schools in implementing an appropriate educational program for my child, I hereby give my consent for an exchange of information to the extent specified below among the following person(s)/agencies:

Send To:	**Send From:**	
☐	☐	Michigan City Area Schools
☐	☑	Person:
		Agency:
		Address:
		Phone: Fax:

- ☐ No Records or information may be released.
- ☐ All records or information may be released.
- ☐ Only the following may be released
  - ☐ Psycho - educational data (i.e., evaluative and placement)
  - ☐ Educational data (i.e., teacher reports, IEP, ITP, etc.)
  - ☐ Medical/health data
  - ☐ Social/Emotional data (i.e., psychiatric, counselor, etc.)
  - ☐ Cumulative school records (i.e., scholastic, attendance, etc.)
  - ☐ Other (Specify):

Student's Name: Date of Birth:
Address:
City/State/ZIP: Phone:

Parent/Guardian Signature:_____ Date:_____

Records will be released until _____ or one (1) calendar year from date of signature, or until said Parent/Guardian/Surrogate Parent rescinds this release in writing.

All reports will be stored and disseminated in accordance with section #513 of subsection P.L. 93-380 (Family Rights and Privacy Act of 1974) and its subsequent amendments.

Send all information and reports to: ATTN:_____

Michigan City Area Schools
Opportunity ★ Excellence ★ Pride