

San Antonio Clinic

Consent for Release of Educational Records

San Antonio Clinic at times may need information contained in your child’s school record in order to better assess your child’s health needs, coordinate your child’s care, provide treatment or referral, or evaluate the services provided. For example, the clinic staff may need to access your child’s class schedule in order to arrange appointments or your contact information in order to consult with you. In addition, school staff may want to share information with the clinic staff so that they can make a referral or participate on a

multidisciplinary health team. The clinic staff needs your permission to get and receive this information. Please check one of the following:

[ ] I give San Antonio High and its staff permission to share information from my child’s education record, including contact information, attendance records, class schedule, transcript, special education records, and testing results, with San Antonio Clinic and its staff for the purposes described above. San Antonio Clinic will request the minimum information necessary to accomplish its purpose.

[ ] I give permission to share all information from my child’s education record as

described in the paragraph above, except the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If San Antonio Clinic and its staff need the information I describe on this line, they must contact me for a separate consent.

This consent is valid until the following date or event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Specify expiration date or event)*

**Student Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_

Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent\* Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parent\* must sign if student is under 18 years old. Student must sign if age 18 or older.)*

*\* Parent “includes a natural parent, a guardian, or an individual acting as a parent in the absence of a*

*parent or a guardian.” 34 CFR* ***§*** *99.3*