

Release of Confidential Information



Student's Name: _____ Birth Date: _____

I HEREBY GIVE PERMISSION FOR _____
(Clinic/ Doctor)

TO RELEASE INFORMATION CONCERNING THE ABOVE NAMED CLIENT TO MFL MacMac COMMUNITY SCHOOL DISTRICT FOR THE FOLLOWING PURPOSE(S):

Provider Address: _____ Provider Phone: _____

This release is in effect for one year until _____ allows the above named agencies and/or parties to exchange written and verbal information. The purpose of the release of this information is to aid in the evaluation, instruction, educational planning, or other services which may be provided and allows for continuity of care in the school setting.

Photocopies of this Release of Confidential Information are considered to be as valid as the original, fully executed form.

Parent/ Guardian, please initial statements below to provide consent.

____ I understand that these agencies/parties may meet formally and review services.

____ I have been given a copy of this authorization.

Any and all information received as a result of this form is considered confidential and cannot be re-released without proper authorization.

Parent/ Guardian Signature: _____ Date: _____

Please send student information to the student's attendance center:

MFL MarMac Community School
Monona Elementary (Pk- 3rd Grade)
Attn: Donna Krambeer
P.O. Box 1040
Monona, IA 52159
Fax: (563)539-4913

MFL MarMac Community School
McGregor Center (4th - 8th Grade)
Attn: Sara Kelly, District RN
P.O. Box 504
McGregor, IA 52157
Fax: (563)873-2371

MFL MarMac Community School
High School (9th - 12th Grade)
Attn: Donna Krambeer
P.O. Box 1040
Monona, IA 52159
Fax: (563)539-4913

***** Office Use Only *****

Date Submitted to Office: _____ Received by: _____