Isthmus Montessori Academy (Public) - Release of Information

CONSENT FOR THE RELEASE OF INFORMATION

Isthmus Montessori Academy (Public) is committed to the privacy of all students. Isthmus Montessori Academy (Public) will not obtain or release student information from any outside organization without proper use of this form. If the student is not of legal age, the parent or legal guardian must express written or verbal consent for Isthmus Montessori Academy (Public) to exchange student information with outside organizations.

This form serves as a release of information between Isthmus Montessori Academy (Public) and __________________________ in regards to __________________________’s school records.

(Provider or Organization Name)  (Student Name)

Once this document is signed and returned by all parties, Isthmus Montessori Academy (Public) and __________________________ will be authorized to exchange information from _____/_____/_______

(Provider or Organization Name)  (Current Date)

to exchange

until permission is revoked in writing by the student, parent or legal guardian, Isthmus Montessori Academy (Public), or service provider/organization.

______________________________  ______________________________  ________________
Student Name, if signing for self  Student Signature, if signing for self  Date

______________________________  ______________________________
Parent/Guardian Name  Parent/Guardian Signature

Verbal Consent Given? Y/N (circle one)  Ignore if providing written permission  Date of written/verbal consent

______________________________  ______________________________  ________________
School District Representative  Representative Signature  Date

______________________________  ______________________________  ________________
Provider or Organization Representative  Representative Signature  Date
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CONSENT FOR THE RELEASE OF INFORMATION

Records for the following student are to be released from:

Isthmus Montessori Academy (Public)
1802 Pankratz Street, Madison, WI, 53704
Phone: (608) 661-8200
Fax: (608) 492-0795

Information on the following student is to be received from:

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

ATTENTION: ______________________________________________
(Department Name: ex., Registrar, Primary Care, etc.)

Isthmus Montessori Academy (Public) will release the following information on _______________________________
(Student Name)
to _______________________________.
(Provider or Organization Name)

Check all that apply:

❏ Academic Records
❏ Attendance Reports
❏ Teacher/Staff Observations and Notes
❏ IEP/SPED Records - if applicable
❏ Legal Documents - Custody
❏ Student Portfolio

I contest that this form is completed in its entirety.

____________________________________________ ______________________________________________
(Signature of Isthmus Montessori Academy Representative)  (Signature of Provider or Organization Representative)
__________________________________________  ____________________________________________
(Date)  (Date)