



STATE OF OKLAHOMA STANDARD FORM
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I understand that these records are protected under Federal and State confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent and in any event this consent expires one year from the date of signature.

AUTHORIZING PERSON -- CHILD PARENT GUARDIAN LEGAL CUSTODIAN OTHER
request that information concerning: _____

NAME OF CHILD _____ DATE OF BIRTH _____ SSN _____

be released and authorize _____
NAME OF PERSON OR AGENCY RELEASING INFORMATION

ADDRESS OF PERSON OR AGENCY RELEASING INFORMATION: INCLUDE STREET ADDRESS/P.O. BOX, CITY, STATE AND ZIP

to release to:

John W. Rex Charter Elementary School _____
NAME/AGENCY NAME/AGENCY NAME/AGENCY
500 W. Sheridan Ave. _____
ADDRESS ADDRESS ADDRESS
OKC, OK 73102 _____
CITY, STATE, ZIP CITY, STATE, ZIP CITY, STATE, ZIP

the following information: student's educational records + information
KIND AND/OR EXTENT OF INFORMATION TO BE RELEASED

for the following purpose(s): to complete enrollment/application process at JRCS

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Redisclosure, except as provided at 34 CFR § 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION THAT COULD BE CONSIDERED INFORMATION ABOUT COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

NOTARY: NA

(Notary)
Subscribed and sworn to me _____ 20_____
My commission number _____
My commission expires _____ 20_____

Notary Public
(or Clerk or Judge)

(signature of person(s) authorizing release)

(date)

AGENCY VERIFICATION IN LIEU OF NOTARY:

(staff signature and title)

(date)