

**AUTHORIZATION FOR EXCHANGE OF
CONFIDENTIAL INFORMATION**

Student: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

As the parent of legal guardian of the above-named student, I hereby grant permission to the Alternative Academic Achievement Academy staff to exchange confidential information concerning my child with:

(Agency, School District, Individual, etc.)

- I understand that the purpose of this Authorization is for case collaboration.
- I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records and reports.
- Also, I understand that I have the right to inspect any copy of school records to challenge the content of the records, and/or limit this consent to specific records of portions of the records which I have designated below:

This authorization terminates one calendar year from the date of permission.

Parent/Guardian Signature

Date

Student Signature – age 12 and older

Date