

Series 400 Students
Section 440 Student Rights and Responsibilities
Form 443.4F3 Alcohol/Drug and Abuse

**KEWASKUM SCHOOL DISTRICT
STUDENT ASSISTANCE PROGRAM
PERMISSION TO OBTAIN AND RELEASE INFORMATION**

Date: _____

Dear Parent/Guardian of _____,
(student)

In order for us to obtain/release information regarding your child, please sign and return one copy to the Student Assistance Coordinator. If you have questions, please call me at (262)-(Appropriate Number).

Sincerely,

(NAME)
Student Assistance Program Coordinator

PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

I, the undersigned, hereby request and authorize _____

(School, agency(s), or person)

to release to NAME, S.A.P. Coordinator, Kewaskum High School, 1510 Bilgo Lane, Kewaskum, WI 53040 or designated representative of Pupil Services _____

(school, agency(s), or person)

the information that I have indicated below:

_____ official student academic/administrative records

_____ medical and/or related health records

_____ psychological evaluations or social work reports

_____ multidisciplinary team evaluations and related reports

_____ appropriate agency reports

_____ other (specify): results of A.O.D.A. assessment, recommendations, program participation, and compliance .

This permission is valid for one year from the date signed. A copy of this form is as effective as the original.

This information is requested for the purpose of: Determining compliance with the recommendations of the A.O.D.A. agency and/or Student Assistance Program.

Signature of parent or legal guardian: _____ Date: _____

Signature of student: _____ Date: _____