<u>FORM 9-2</u>

CONSENT TO EXCHANGE CONFIDENTIAL
STUDENT INFORMATION

FORM TO BE COMPLETED BY: Parent or Legal Guardian, Agency Requesting for Confidential Information

Student Name:_____   **Date of Birth:** _____
Name of School: _____   **Student ID:** _____

CHECK ONE:

☐   I am the parent/guardian of the above named student, a non-emancipated student under the age of 18. I hereby consent to the exchange (written, verbal, or both) of confidential student information relating to this student between (GDOE) and _____
                                                     (agency/individual)

☐   I am an emancipated student under the age of 18. I hereby consent to the exchange (written, verbal, or both) of confidential student information between (GDOE) and _____
                                                                       (agency/individual)

☐   I am a student over the age 18. I hereby consent to the exchange (written, verbal, or both) of confidential student information between (GDOE) and _____
                                                      (agency/individual)

CHECK ONLY IF APPLICABLE:

☐   <u>Purpose of Exchange</u>: If the consent is being given to exchange information for a particular purpose, please describe:_____

_____

☐   <u>Time limit</u>: If consent is being given to exchange information during a particular period of time, please specify time period from _____ to _____.

This consent has been made freely, voluntarily, and without coercion. Those who receive this information cannot disclose it to others unless permitted by Federal or State Law. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure had already taken action in reliance on it. This consent to exchange information is not valid after 12 months of the date of signature unless otherwise specified.   _____   _____   Student/Parent/Guardian Signature (Print Name and Sign)   Date Signed   _____   _____   Employee's Signature   Date   Witnessed   _____   Print Name and Title of Employee Providing Information

** If the date of revocation is prior to 12 months, complete this section.   _____   Parental/Guardian (Print Name and Sign)   Date Signed   _____   Employee's Signature and Title   Date   Witnessed