

# DENVER PUBLIC SCHOOLS

1860 Lincoln Street  
Denver, Colorado 80203

Department of Social Work & Psychological Services  
TELEPHONE (720) 423-2049

## PERMISSION TO EXCHANGE INFORMATION

I, \_\_\_\_\_ am the parent/legal guardian of the following student:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I give permission to the Denver Public Schools to exchange (both release and secure) information regarding this student with the following:

Name (Person or Agency ) \_\_\_\_\_

The following records or types of records may be released and secured: \_\_\_ Educational records, treatment plans and behavioral observations

In the following method or manner: \_\_\_ verbal communication and/or fax

I understand that this information will be shared in order to facilitate this student's functioning in the following areas:

\_\_\_ Medical    \_\_\_ Academic/Communication    \_\_\_ Psychological    \_\_\_ Behavioral

This consent is valid for one year from the date signed unless revoked in writing.

The parent or guardian of the aforementioned student, or the student if 18 years of age or over, may review or obtain a copy of records released by Denver Public Schools by contacting Denver Public School's custodian of records.

To the receiving agency please contact \_\_\_\_\_ at the above address and phone number. Please note that such records you release become part of the pupil's school record and may be subject to release to the parent or pupil under conditions of the Family Educational Rights and Privacy Act (FERPA).

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE