

## AUTHORIZATION FOR RELEASE OF EDUCATIONAL INFORMATION

I hereby authorize the **Greene County Public Schools** to release the current and past educational history of my child,

\_\_\_\_\_, to the **Youth Development Council of Greene County, Inc. (YDC)**. I understand that YDC intends to and may use this information to evaluate its programs and agrees not to release or further disseminate the information specifically about my child. However, the information may be released anonymously or as part of a statistical or summary analysis. **At no time will YDC release my child's specific educational history to another person or agency without my express permission.** Further, only persons authorized by the Board of Directors of YDC shall have access to my child's educational history. I also authorize teachers, administrators and guidance counselors to discuss the subject matter of these records with a designated representative of YDC

I authorize the Greene County School Division to release to a designated representative of YDC identifying educational/medical data and records of the student listed above. I understand that in addition to the educational records and data, such records may also contain health information pertaining to diagnosis and treatments, immunization records, suspensions/office referral data, attendance data, referrals to student service teams, as well as written communications with school staff related to mental health interventions.

This authorization is valid for one calendar year from the date the form is signed below. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date