

Consent for Release of Information

This form authorizes the State Department of Education and any school district in which your child is enrolled to share information about your child with each other and with the other agencies listed below that are concerned with, or are involved in, meeting the needs of your child. You are advised that:

- Information will not be shared unless it is necessary to meet the needs of your child.
- Information from the Department of Education or the school may include any or all educational records and information supplied to the Department or to the school by others, such as medical reports from doctors and reports from other agencies including SRS, JJA, KDHE, and KS Medicaid Agency, that are included in your child's educational records.
- The purpose for sharing information is to provide appropriate services for your child, avoid duplicative or unnecessary assessments or immunizations, avoid unnecessary delay in providing services while waiting for records to be transferred, enable your child to be successfully involved in school, and to assist the school district to receive funds from Medicaid to assist in paying for some special education services.
- This consent will remain in effect until it is revoked in writing by you.
- You have the right to revoke this consent at any time.

The State Department of Education and the school district in which your child is enrolled will release information, upon request, to the following agencies and their agents or contract service providers:

Social and Rehabilitation Services; Kansas Department of Health and Environment; Juvenile Justice Authority; Kansas Medicaid Agency; Kansas Kids @ GEAR UP; iGRAD system.

By signing and dating this Consent for Release of Information form, you give consent to the State Department of Education and the school district to share any or all educational records regarding your child with each other and with the agencies listed above. Your signature also indicates that you understand that any release of information is for the purpose of meeting your child's needs through the cooperative efforts of the agencies.

Printed Name of Child

DOB

Parent or Guardian Signature

Relationship

Printed Name of Parent or Guardian

Date