

**Pownal Elementary School
823-7333**

Consent for Release of Information

**I authorize _____
to disclose and receive pertinent medical, educational, social, or mental
health records, x-rays and/or screening reports for the purpose of providing
evaluation or services to the Pownal Elementary School, 94 School House Road Pownal
Vermont 05261. When you return the released information,
please send it to the attention of _____.
(name)**

**The above communication is regarding _____
(name of student)

(date of birth)**

**This information will be protected according to the Health Insurance
Portability and Accountability Act (HIPAA) and the Family Education
Rights Privacy Act (FERPA) rules.**

(signature of parent or legal guardian) (date)

**(printed name) (relationship to student)
(witness – signature and title)**

**Expiration Date: This release will expire on _____. If no date is
stated, expiration is 1 year from the date this form is signed.**