

**INFORMED CONSENT RELEASE
REGARDING EDUCATIONAL RECORDS**

I authorize the persons, agencies or institutions checked on the back of this form to supply and exchange educational records among them and with the Court for the purposes of case coordination. Educational records include records, files, documents, and other materials maintained by the school district which contain information directly relating to a student and specifically includes being added to the list of parties who receive automated emails and phone calls made by the school or school district phone system relating to absences, tardies and grades; it also specifically includes all access via pin and password to any information on the school district's parent/student internet system, for access including but not limited to attendance, behavior issues, student schedules, report cards/marks, and graduating requirements. I release the person, agency, or institution from any and all liability for supplying such information. A good-faith basis shall be required to contact any of the agencies listed. This release shall continue in effect for the period of twelve (12) months from the date signed unless earlier revoked by me in writing. A copy of this release shall be as fully effective as the original.

_____ (Initials)

I understand that I have the opportunity to object in writing within ten (10) days to the sharing of information and that I have the right to a hearing to determine if the sharing of information over my objection is in the best interest of my child or ward. If my objection is upheld, information will not be shared with those persons, agencies and institutions, which are specifically authorized to share information without my consent under the law.

Regarding: _____
(Name of student)

Date of Birth: _____
(M/D/Y)

Regarding: _____
(Name of student)

Date of Birth: _____
(M/D/Y)

Regarding: _____
(Name of student)

Date of Birth: _____
(M/D/Y)

Name of Person Authorizing
Release (Print)

Date of Birth (M/D/Y)

Social Security Number

Date of Signature

Signature of Client/Parent/Authorized Representative **

**If signed by Authorized Representative please complete:

Print Name: _____

State how authorized and attach a copy of legal documentation:

The persons, agencies and institutions that may provide and receive this information shall include **only those checked below**:

EPC Dept. of Human Services
105 North Spruce Street
Colorado Springs, CO 80905
(719) 636-0000

Court Appointed Spec. Adv.
701 South Cascade Avenue
Colorado Springs, CO 80903
(719) 447-9898

Office of Guardian ad Litem
102 South Weber St
Colorado Springs, CO 80903
(719) 633-3411

OTHER:

School District # _____

Any and all Probation Department(s).

Child's Defense Counsel

Child's Custodian

