

**Consent to Release Data – Request from an Individual**

**Explanation of Your Rights**

If you have a question about anything on this form, or would like more explanation, please talk to Erin Dohrmann, Executive Director before you sign it.

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I, \_\_\_\_\_, give my permission for \_\_\_\_\_  
(name of individual) (name of school district)

to release data about me to \_\_\_\_\_ as described in this consent form.  
(name of other entity/person)

1. The specific data I want \_\_\_\_\_ to release include:  
(name of school district)  
\_\_\_\_\_  
(explanation of data requested)

2. I understand that I have asked \_\_\_\_\_ to release the data.  
(name of school district)

3. I understand that although the data are classified as private at \_\_\_\_\_,  
(name of school district)  
classification/treatment of the data at \_\_\_\_\_ depends on laws or policies  
(name of other entity/person)  
that apply to \_\_\_\_\_.  
(name of other entity/person)

This authorization to release expires \_\_\_\_\_.  
(date/time of expiration)

Individual data subject's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature [if needed] \_\_\_\_\_ Date \_\_\_\_\_