

DATE SENT/MAILED _____

Orenda Education

Georgetown, TX 78626 - 5128693020 ext 1114

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Student Name: _____

ID#: _____

Date of Birth: _____

Contact 1: _____

Grade: _____

This consent for disclosure of confidential information is for release of the student's confidential information between Orenda Education and a third party, as follows:

NAME OF PERSON

NAME OF AGENCY

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

PHONE #: _____

FAX/EMAIL: _____

RECORDS REQUESTED/RECORDS TO BE RELEASED:	PURPOSE OF DISCLOSURE

For more information, please call:

Benjamin Boorman - Head of School

SCHOOL STAFF PERSON, POSITION

at (512) 868-4947

TELEPHONE NUMBER

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NAME OF PERSON

NAME OF AGENCY

Please respond to each statement with a **YES** or **NO** and sign at the bottom. If you indicate **YES** in response to all of the statements below and sign at the bottom, you will be giving your consent for disclosure of your/your child's confidential information.

Yes No I have been fully informed in my native language or other mode of communication and understand the school's request for my consent, as described above. This information will be disclosed/requested upon receipt of my written consent.

Yes No I understand that my consent for the disclosure of confidential information is voluntary and may be revoked at any time by contacting my local school district/charter school. However, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

Yes No I give my consent for the disclosure of confidential information. Unless otherwise revoked, this authorization will expire 180 days from the date of this authorization.

Please return this form to:

Benjamin Boorman - Head of School
SCHOOL STAFF PERSON, POSITION

at Gateway College Prep as soon as possible.
SCHOOL

benjamin.boorman@orendaeducation.org
SCHOOL STAFF EMAIL ADDRESS

(512) 868-4946
SCHOOL STAFF FAX NUMBER