



Mr. Blake Stiles
Superintendent

Athens Independent School District
Special Populations Department
104 Hawn St. Athens, Texas 75751

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Brooke Brock
Director of Special Populations

504 CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

STUDENT NAME: _____ **DATE OF BIRTH:** _____

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

 NAME OF Physician/Provider

 NAME OF AGENCY/Clinic

ADDRESS: _____ PHONE #: _____

 FAX/EMAIL: _____

RECORDS REQUESTED/RECORDS TO BE RELEASED:	PURPOSE OF DISCLOSURE:
<input type="checkbox"/> FIE, ARD, IEP, 504 Plan, Evaluation, State Assessment Results <input type="checkbox"/> Psychological Evaluations <input type="checkbox"/> Transition Data/Vocational Testing <input type="checkbox"/> Medical Information Relevant to Educational Planning <input type="checkbox"/> Other: _____	<input type="checkbox"/> To assist outside person/agency in providing non-educational support <input type="checkbox"/> To assist 504 committee in educational planning <input type="checkbox"/> Parent request <input type="checkbox"/> Other: _____

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. 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retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).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.

 SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

 DATE

 PRINTED NAME OF PARENT, GURADIAN, SURROGATE PARENT, OR ADULT STUDENT

 SIGNATURE OF INTERPRETER, IF USED

 DATE

 PRINTED NAME OF INTERPRETER, IF USED

For more information, please call:
 Lindsay Conner, 504/RTI Coordinator at (903-)677-6907
 SCHOOL STAFF PERSON, POSITION TELEPHONE NUMBER