



Owosso High School
Student Service Center
765 E. North Street
Owosso, MI 48867

CONSENT FOR ACCESS TO STUDENT RECORDS

This consent must be signed by a parent or guardian of a minor student or by the student if eighteen years of age or older or a legally emancipated minor.

Date: _____

Name of Student: _____ Birthdate: _____

Name of Person Giving Consent: _____ Relationship to Student: _____

Address: _____

This access to student records will allow:

____ First Party/Agency information released only to Second Party/Agency.

____ Mutual sharing of described information between both Parties/Agencies on a continuing basis.

PERSON(S) TO WHOM THE RECORDS MAY BE DISCLOSED (by name or description if more than one person):

WHAT RECORDS MAY BE DISCLOSED?

____ Educational, medical or mental health records, including: _____

____ Substance abuse information

____ Information regarding serious communicable diseases or infections, such as AIDS, TB, or Hepatitis.

____ Other: _____

FOR WHAT PURPOSE MAY THESE RECORDS BE USED BY THE PERSON TO WHOM THEY ARE DISCLOSED? *

EXPIRATION DATE OR EVENT? _____

Revocation of this consent may be made in writing to: Owosso High School Student Services Center
765 E. North Street
Owosso, MI 48867
989-729-5495

* Owosso High School policy requires that information released be utilized only for the purposes for which they are specifically disclosed. Confidential information will not be re-disclosed without written authorization.

I hereby consent to the disclosure of records described above.

Signed: _____ Date: _____

Reply attention to: _____

First Party/Agency: _____

1st Copy: Address: _____

Second Party/Agency: _____

2nd Copy: Address: _____