



PARENT AUTHORIZATION AND RELEASE OF INFORMATION FORM

STUDENT INFORMATION

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** _____

DATE OF BIRTH: _____ **STUDENT ID#:** _____ **GRADE:** _____

SCHOOL: _____

My child may participate PEOPLE. I provide consent to allow PEOPLE staff electronic access to the following information about my child using the Madison Metropolitan School District information systems:

Academic progress reports, report cards, unofficial school transcripts, individualized education plan (IEPs), assignments, teacher comments, teachers' names, dates of courses taken, student course schedules, daily attendance, absences, tardy data, test scores (including Wisconsin state achievement tests and MMSD achievement tests) and fee payments due and paid.

In addition to access to my child's records on Infinite Campus I authorize MMSD to provide PEOPLE with other demographic and program service eligibility information for my child. This information includes Limited English Proficiency status, primary language (other than English), disability status and primary disability and qualification for federal free and reduced lunch program.

I understand that this information will remain strictly confidential and will only be used for the improvement of educational services and resources rendered to my child. PEOPLE will not further disclose the data to any third party, researcher or others without obtaining a separate written permission from you.

I understand that this release of information agreement and participation agreement will remain in effect until my child completes high school, until my child resigns from the program or until I revoke this consent in writing.

In addition, **I DO** _____ **I DO NOT** _____ grant permission for my child to be named, pictured or quoted in any news release and/or _____ PEOPLE promotional materials.

PARENT TYPE NAME

DATE

TELEPHONE