



Student Name:

Last Name	First Name	M.I.
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Address:

School:

Student ID#:	Grade:	Student DOB:
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AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

My child is a participant in the PEOPLE program. I provide consent to allow PEOPLE staff access to the following information from Milwaukee Public Schools (MPS) about my child:

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

I authorize MPS to provide PEOPLE with the information described above as well as other demographic and program service eligibility information for my child. This information includes Limited English Proficiency status, primary language (other than English), primary disability if applicable, and socio-economic status.

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 me.

I understand that this consent to release of information 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 grant permission for my child to be named, pictured or quoted in any news release and/or PEOPLE promotional materials.

_____ Signature (Parent/Guardian or Eligible Pupil i.e., Pupil 18 or over)	_____ Relationship to Pupil	_____ Date
_____ PRINT NAME	_____ Phone Number	
_____ Email Address		