

St. Paul the Apostle Catholic School  
1007 E. Rusholme Street  
Davenport, IA 52803  
563-322-2923

**Consent to Obtain and Release Information**

Information to be released regarding:

**Child's Name** \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the undersigned, authorize and request the sharing and exchange of confidential information between and among the staff authorized or representatives of these agencies indicated below. This sharing and exchange may occur verbally, in writing, and / or through any other media or format as may be appropriate. This may include information about:

- Physical status (including vision and hearing), communications, cognitive skills, social and emotional behavior, self-help skills, health status (medical, dental, nutrition) if necessary.
- Educational assessment, programming and services
- Family and social data - (Registration Forms)

<b>NAME/AGENCY</b>	<b>ADDRESS</b>	<b>PHONE</b>
Davenport Schools	1606 Brady Street	336-5030
AEA	729 21 <sup>st</sup> Street, Bettendorf	359-1371

I understand this information shall be kept confidential and shall be used only for the purpose of planning and coordinating services. I understand that I have the right to see this information by contacting school administration.

This consent to release shall expire upon written request or the date specified below by the authorizing party. This consent is valid for information already in existence and any generated during future service involvement. I understand that I can revoke my consent at any time by providing written notification to St. Paul the Apostle School.

Authorizing Signature \_\_\_\_\_

Date \_\_\_\_\_ Relationship to the child \_\_\_\_\_

**This release consent expires one year from the date above.**