



**SUPERINTENDENT**  
Dr. Eddie Campbell

13 South High Street/Morgantown, WV 26501  
Phone 304-291-9210 and Fax 304-291-5960

### Consent to Release and Obtain Information

<b>Student's Full Name:</b>	<b>Date of Birth:</b>
<b>Mailing Address:</b>	<b>City/State/Zip Code</b>
<b>School:</b>	<b>Social Security Number:</b>

I, the parent and legal guardian of the above named student, grant permission for Monongalia County Schools (MCS) to obtain and release information regarding my son/daughter from the school, department agency, or persons identified below. I also hereby release the named school department, agency, or person from all legal liability that may arise from further disclosure of said records.

<b>Name of:</b> _____ <b>School</b> _____ <b>Department</b> _____ <b>Agency</b> _____ <b>Person</b> <b>(Check One)</b>	
<b>Complete Mailing Address:</b>	<b>Telephone #:</b>

The requested information to be released shall consist of: \_\_\_\_\_ duplicated records    \_\_\_\_\_ verbal information.

Please check/initial all indicated areas to be released:

<input type="checkbox"/>	School Records	<input type="checkbox"/>	Social History	<input type="checkbox"/>	Education Testing Results
<input type="checkbox"/>	Medications	<input type="checkbox"/>	Psychiatric Evaluation	<input type="checkbox"/>	Psychological Evaluation
<input type="checkbox"/>	Discharge Summary	<input type="checkbox"/>	Medical Diagnosis (es)	<input type="checkbox"/>	Other

This information may be shared with employee of MCS involved in providing services for adult student or my son/daughter/minor dependent. I understand the purpose and intent of this authorization is to release and obtain information needed by MCS to provide coordinated services for adult student or my son/daughter/minor dependent. This authorization may be revoked at any time by my written request. The revoking of this authorization shall not cancel any prior actions that have already transpired. This authorization shall remain in effect for one year (365 days) from the date of form completion unless revoked in writing. A copy or fax of this release shall be as binding as the original.

<b>Signature of parent/guardian:</b>	<b>Date:</b>	<b>Phone Number:</b>
<b>Signature of Adult Student (Some agencies require consent of student over 13-years of age):</b>	<b>Date:</b>	<b>Phone Number:</b>