**Upshur Human Resources, Inc.**

**Consent for Disclosure of Records**

**To:**

**I hereby consent for the records of**

**to be disclosed to**

**The records to be disclosed are:**

 **Educational records**

 **Permanent record cards**

**\_\_\_\_\_\_ Evaluation, reports, including psychological, psychiatric, medical records**

 **and patient identification number**

 **Health records, including immunizations**

 **Others, as specified**

**These records will be used for purposes of providing an appropriate educational program for the above named student.**

**Parent Signature Telephone Number**

 **Date**

**Address**

**Return records to:**