

**RELEASE OF INFORMATION CONSENT FORM**  
 (Reproduce Form if information exchange exceeds 2 agencies)

This written consent authorizes the exchange of educational, medical, and social services information between the Cal-SAFE Program and the following individual(s) and/or agency(ies). Education Code Section 49075 requires written parental consent for release of information from student's record. See back of form. **Adult parent signature required for student. Student parent signature required for his/her child(ren).**

Name of Agency, School, Physician, etc.:	Name of Agency, School, Physician, etc.
Address City/Zip:	Address City/Zip:
Telephone No.:	Telephone No.:
Records, reports, and other pertinent information needed to assist in the provision of services to enrolled students and/or children. (List specifically.)	Records, reports, and other pertinent information needed to assist in the provision of services to enrolled students and/or children. (List specifically.)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
Target Date to Begin Service(s): _____	Target Date to Begin Service(s): _____

Student's Name:	DOB:
Child's Name:	DOB:
Child's Name:	DOB:
Address:	City: Zip:

\_\_\_\_\_  
 Signature of Student Parent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

California Education Code, Section 49075 states:

"A school district may permit access to pupil records to any person for whom a parent of the pupil has executed written consent specifying the records to be released and identifying the party or class of parties to whom the records may be released. The recipient must be notified that the transmission of the information to others without the written consent of the parent is prohibited. The consent notice shall be permanently kept with the record file".