

PARENTAL CONSENT FOR ASSESSMENT AND INFORMATION RELEASE

I, _____, give permission for my child, _____
to participate in the Elevate Truancy Intervention Program.

I give Elevate permission to obtain and share information and records of attendance, performance, IEP/ 504 plans and behavior discipline from the following agencies, for the purpose of evaluating and providing feedback for services:

- School Personnel
- Washington County Department of Human Services
- Law Enforcement Agencies
- Municipal and Criminal Court
- Other assessment agencies

I give the Elevate Truancy Counselor permission to meet with my child on a regular basis on and off the school premises.

If you have any questions, please contact your Truancy Counselor at 262-677-2216.

Parent/Guardian Signature

Date

This release is valid for one year unless otherwise stated.

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Serving Washington County