North Cape School District

Home of the Vikings

11926 West Highway K
Franksville, WI 53126
Phone: 262-835-4069
Fax: 262-835-2311
www.northcape.k 12.wi.us

PERMISSION TO OBTAIN AND RELEASE CONFIDENTIAL INFORMATION

The following student(s) have enrolled at North Cape School:

REGARDING THE RECORDS OF:

Student's Name: _____ D.O.B. _____

Address: _____ Zip Code: _____
Street City/State

Parents/Guardians: _____ Date: _____

Name of Previous School: _____

Address: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Records to be included:

_____ Student academic/administrative records (identifying information, grades, attendance records, achievement/aptitude test results, etc.)
_____ Medical and/or related health records
_____ Psychological evaluations or social work reports
_____ Multidisciplinary IEP team evaluations and related reports (including evaluations and placement consents)
_____ Individual Education Plans (IEP)
_____ Appropriate agency reports
_____ Other (specify) _____

The purpose for such disclosure is: _____

(Parental permission is no longer required by authorized school personnel (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673)