

SUMNER-BONNEY LAKE SCHOOL DISTRICT

A GREAT PLACE TO LEARN.



Health Services

1202 Wood Ave.
Sumner, WA 98390
(253) 891-6051

Consent to Exchange Confidential Information

To: _____
Re: _____
Date of Birth: _____
School: _____

Please send information regarding: _____

In order for a complete assessment and/or educational program to be developed for this student, I give my permission for the Sumner School District and the agency or person named above to exchange information that will be useful to the planning process. This exchange may include academic, social, psychological, and medical information.

I understand that all records received will be placed in the student's file and will be available for me to review. The information will only be used to help plan the student's school program. This is a right given to me under the Family Educational Rights and Privacy Act of 1974.

Parent/Guardian Name (Printed): _____
Signature: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Date of Signature: _____

Signer's relationship to student: Parent Guardian Adult Student Surrogate

Please send requested information to:
Sumner-Bonney Lake School District
Attention: Health Services
1202 Wood Avenue
Sumner, WA 98390
Fax: 253-891-6109

Date sent to
parent/guardian: _____

Date sent to
agency: _____