



NICOLET
High School

CONSENT TO OBTAIN AND RELEASE INFORMATION

Student Services Dept
Fax: 414-351-7542

Director of Student Services
Anne Ignatowski

Administrative Assistant
Alisa Eichhorn
Phone: 414-351-7550

Administrative Assistant
Sandy Stark
Phone: 414-351-7552

Guidance Counselors
Olivia Carter
Michael McKenna
Nader Raad
Carly Roth

Psychologist
Kathryn Woods

Social Worker
Maureen Newborn

School Nurse
Phone: 414-351-7574
Fax: 414-435-9642

Name _____

Date of Birth _____ Grade _____ Sex: M _____ F _____

Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____

I authorize Nicolet High School to accept from and release to:

_____ (School, Agency or Person)

_____ (Street Address) _____ (City) _____ (State) _____ (Zip)

_____ (Phone) _____ (Fax)

The information which I have indicated below:

- Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, group aptitude and achievement test results.
- IEP team evaluation and related reports
- Medical and/or related health records
- Psychological evaluations or social work reports
- Verbal communication, including consultation regarding school programming

I certify that I am the parent or legal guardian of the above named child or that I am a student of majority age and have the authority to sign this release.

Signature of Parent/Guardian Relationship to student Date

Signature of Student (if appropriate) Date

Nicolet High School may disclose this information to a school official who has been determined to have a legitimate educational interest in it. A "school official" is a person employed by the District as an administrator, supervisor, instructor or support staff member. A school official has a "legitimate educational interest" if the official needs to review this information in order to fulfill his or her duties or professional responsibilities.

Any health information used or disclosed based on this information may be subject to re-disclosure by school officials and may no longer be protected by HIPPA privacy rules.

This permission is valid for one year from the date signed. A copy of this form is as effective as the original.

The signer of this form may revoke this consent at any time. To do so, the signer must submit a written request for revocation to Ms. Anne Ignatowski, Director of Student Services.

Rev: 07/08/2019 SS