



ET

High School

CONSENT TO OBTAIN AND RELEASE INFORMATION

**Student Services Dept**  
 Phone: 414-351-7550  
 Fax: 414-351-7542

**Director of Student Services**  
 Anne Ignatowski

**Administrative Assistant**  
 Sandy Stark

**Guidance Counselors**  
 Jeffrey Artero  
 Olivia Carter  
 Michael McKenna  
 Nader Raad

**Administrative Assistant**  
 Alisa Eichhorn

**Psychologist**  
 Kathryn Woods

**Social Worker**  
 Maureen Newborn

**School Nurse**  
 Margarette Yee

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.
- Medical and/or related health records
- IEP team evaluation and related reports
- 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 Pupil Services.

**Rev: 06/20/2017 SS**

**6701 N. Jean Nicolet Road Glendale, WI 53217-3799 • Phone 414.351.7550 Fax 414.351.7542 • [www.nicolet.us](http://www.nicolet.us)**