

The Academy for Equine Sciences

CHARTER SCHOOL

PO Box 808, Rochester NH, 03867 PH: 603-335-6900

PARENTAL PERMISSION FOR THE RELEASE OF INFORMATION

The Charter School is required to obtain written consent from the parent or eligible student before personally identifiable information from a student's education records is disclosed to any party other than those who are permitted access by law. Consent is also required before personally identifiable information is used for any other purpose than to aid in the planning for and provision of appropriate educational services to the student.

PARENTS' NAME: _____ **STUDENT:** _____

ADDRESS: _____ **SPEDIS NUMBER:** _____

_____ **DATE:** _____

RECORDS TO BE DISCLOSED:

PURPOSE OF DISCLOSURE: Planning and provision of appropriate educational services.

RECORDS TO BE DISCLOSED BY:

RECORDS TO BE DISCLOSED TO:

PARENTS: Please indicate your response to this request by checking the box which reflects your decision and then sign the document in the space provided. A copy of the records to be released will be provided to you upon request. Thank you.

I CONSENT to the disclosure of the information as described above.

I DO NOT CONSENT to the disclosure of the information as described above.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

PRINTED NAME: _____

DATE: _____