

Consent to Release – Request from an Individual

Explanation of Your Rights

If you have a question about anything on this form, or would like more explanation, please talk to the Cooperative Director before you sign it.

I, _____, give my permission for Cannon Valley

Special Education Cooperative to release data about me to _____
as described below. [*name of other entity or person*]

1. The specific data I want Cannon Valley Special Education Cooperative to release

[*explanation of data*]

2. I understand that I have asked Cannon Valley Special Education Cooperative to release the data.

3. I understand that although the data are classified as private at Cannon Valley Special Education Cooperative, the classification/treatment of the data at

_____ depends on laws or policies that apply to
[*name of other entity or person*]

[*name of other entity or person*]

This authorization to release expires _____.
[*date/time of expiration*]

Individual data subject's signature _____ Date _____

Parent/guardian's signature [*if needed*] _____ Date _____