

Parental Permission to Review and/or Obtain
Personal Information
(Rights of Privacy in Testing; WCSD Policy 2500)

Dear _____:

The Washington County School District is requesting your written permission to obtain the following information:

This information will be obtained through:

- A test or survey administered to your student;
- An interview conducted with your student;
- A review of student records and other information that is currently kept by:

(indicate individual or agency)
Other: _____

The purpose of gathering this information is to:

The following individuals will have access to the information described above:

_____ Name	_____ Agency or school
_____ Name	_____ Agency or school
_____ Name	_____ Agency or school

If you have further questions or desire to see a copy of the survey or curriculum, please contact:

If you grant consent now, you are free to revoke it (in writing) at any time.

I give my consent for school/agency personnel to obtain the information sought, according to the procedures described above.

I do not give consent for the release of information.

Signature

Please sign and return to _____ at _____
by _____.