

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:

\_\_\_\_\_

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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 \_\_\_\_\_.