

Nebo School District  
350 South Main  
Spanish Fork, Utah 84660  
AGREEMENT FOR THE RELEASE OF CONFIDENTIAL DATA

As the parent or guardian of \_\_\_\_\_  
(Full name of Child)

I hereby authorize \_\_\_\_\_  
(Name of person, district, agency, institution, etc.)

\_\_\_\_\_  
(Address)

to furnish complete copies of any and all information initialed below to :

\_\_\_\_\_  
(Name of person, district or school)

\_\_\_\_\_  
(Address)

(Parent, please initial the line identifying the type of information you are authorizing to be sent. Then validate the total agreement by signing your full name on the bottom.

- Permanent records \_\_\_\_\_
- Psychological tests, observation, therapy data \_\_\_\_\_
- All medical data \_\_\_\_\_
- All educational tests and achievement tests \_\_\_\_\_
- All psychiatric/social/adaptive data \_\_\_\_\_
- All anecdotal and program data \_\_\_\_\_
- Other (Specify) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
\_\_\_\_\_