



Office of Nursing

2768 Compass Drive
Grand Junction, CO 81506
FAX: 970-245-0825

Request to Release or Secure Confidential Information

Date: _____

Legal Name of Student: _____

Student's Date of Birth: _____ Student ID: _____

This permission shall be valid for the following duration:

Beginning Date: _____ Termination Date: _____

Records to be Released or Secured (More than one box may be checked)

- Education Records, Occupational Therapy, Psychological, Audiometric, Physical Therapy, Speech/Language, Medical (Health), Psychiatric, Other (please define below)

Table with 2 columns: Name and Address for First Party, Name and Address for Second Party

All information released or secured will be in compliance with the Family Educational Rights and Privacy Act and the Colorado Open Records Act. No additional information will be released or secured without prior approval from the parent (legal guardian), except as provided by law.

Parental Consent:

- Consent for two-way verbal communication: Yes/No
Consent for two-way written communication: Yes/No

I understand that I'm giving my consent voluntarily and I may, at any time, revoke this consent as long as it is in writing.

I hereby authorize the transfer of information as indicated above: Yes/No

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

[Please FAX or send remittance to the address listed above, ATTN: Nursing]