

**Dodgeville School District**  
**307 N. Iowa Street**  
**Dodgeville, WI 53533**  
Telephone: (608) 935-3307, ext. 5010 Fax: (608) 935-3021

Dear \_\_\_\_\_,

In order for us to exchange information regarding your child/family, \_\_\_\_\_, please complete and return one copy in the self-addressed, stamped envelope that is included and keep the other copy for your files. If you have any questions, contact me at **(608) 935 - 3307 Ext. 5020.**

Sincerely,

**Carrie Pyka - School Liaison Homeless Coordinator**

Name & title of school district contact person

\_\_\_\_\_ Date

**PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION**

I hereby authorize **Dodgeville School District**

to exchange with (check all that apply)

\_\_\_\_\_ Iowa County Dept. Social Services  
\_\_\_\_\_ Social Security Administration Office  
\_\_\_\_\_ Dodgeville Housing Authority  
\_\_\_\_\_ Iowa County Job Center  
\_\_\_\_\_ Family Advocates  
\_\_\_\_\_ Southwestern WI Community Action Program (SWCAP)

\_\_\_\_\_ Iowa County Commission on Aging  
\_\_\_\_\_ Iowa County Veteran's Office  
\_\_\_\_\_ Iowa County Health Department  
\_\_\_\_\_ Lutheran Social Services  
\_\_\_\_\_ Unified Community Services  
\_\_\_\_\_ Passages

the information indicated below:

(school, agency, health provider, etc.)

- Official student academic/administrative records (identifying information, grade level, completed grades, class rank, attendance records, and group aptitude test results)
- Medical and/or related health records
- Psychological/ Psychiatric evaluations or social work reports
- Evaluation and Reevaluation reports
- Appropriate agency reports
- Individualized education program (IEP's)
- Current living arrangements.
- Others (specify) \_\_\_\_\_

This information will be used for the following purpose(s):

- Educational evaluation and planning
- Coordination of services
- Other (specify) \_\_\_\_\_

This permission is valid for one year from the date signed unless otherwise stated here: \_\_\_\_\_

(alternate date)

This permission may be revoked in writing at any time prior to the exchange of information. I recognize that once the information is exchanged, it may no longer be protected by the HIPAA Privacy Act and may be subject to re-disclosure.

\_\_\_\_\_  
Signature of student (if own legal guardian or over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person authorized to act for the student

\_\_\_\_\_  
Date