

**PARENT/GUARDIAN CONSENT FOR
RELEASE and EXCHANGE OF INFORMATION FORM**
Support Our Students After School Program

This consent for the release and exchange of information is for the purpose of sharing information on my child's educational performance in the Watauga County School System, to include his or her academic achievement and social-emotional development. The purpose of releasing and exchanging this information shall be to assist individuals to plan and provide a high quality after school educational program for my child. Individuals with whom Watauga County school personnel may share this information in accordance with this release are limited to those involved in the funding, planning, implementing and evaluating of the Support Our Students (SOS) Program and associated with the following agencies: North Carolina Department of Juvenile Justice and Delinquency Prevention and its contracted evaluators, Western Youth Network's Quality Assurance and Service Evaluation Team (QASET).

I _____, hereby authorize Watauga County Schools
PRINT: Parent/Guardian Name

school personnel to release and exchange specified information concerning my child's educational performance with personnel associated with the above named agencies. I understand that this information is to be used by personnel at these agencies in planning, delivering, and evaluating of educational, social-emotional, and recreational services to my child in the SOS after school program being conducted by the above named agencies. This information may include the following:

- | | Parent/
Guardian Initial |
|---|-----------------------------|
| a) Discussions with my child's Watauga County school teacher(s) and other staff (e.g., administrators, specialists, counselors), as well as review of surveys about my child completed by these school staff; | _____ |
| b) Data on my child's report card grades, results of End-of-Grade and End-of-Course exams, and other group examinations; | _____ |
| c) Information on findings of individualized psycho-educational evaluations, if any; | _____ |
| d) Other information that may be found in my child's records at school, including his or her attendance at school and disciplinary incidents at school; and | _____ |
| e) Observation of my child in school settings by staff associated with the above named agencies. | _____ |

The doctrine of informed consent has been explained to me. I understand the nature of the information to be released, the need for this information and use which will be made of this information, and that there are statutes and regulations requiring recipients of this information to maintain the confidentiality of the information and use it only for its intended purposes in the SOS program. I hereby acknowledge that this consent is truly voluntary, and understand the consent will expire automatically on **August 31, 2009**. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Student Name: _____ Birthdate: _____

School: _____ Grade: _____

Teacher: _____ NCWISE/SSN _____

Signature: _____ Date: _____
Parent/Guardian Signature

Signature: _____ Date: _____
Witness Signature: