

AUTHORIZATION TO USE AND/OR DISCLOSE INFORMATION

In the interest of providing positive behavior intervention and support, the Bend Park and Recreation District is requesting to exchange relevant information regarding your student named below with Bend-La Pine Schools. Records will be reviewed for the purpose(s) of developing behavioral interventions, plans, and goals, if needed for your student to be successful in the district's KIDS INC program. While the district cannot provide the same level of support as Bend-La Pine Schools, by sharing relevant information district staff can develop and implement a plan that is as consistent with your student's existing plan(s) with Bend-La Pine Schools as possible.

I, student's parent/guardian, understand that if I consent, confidential information, including special education records (special education records include any Individualized Education Program (IEP) goals, progress or behavioral interventions, or plans relating to the provision of special education), and regular education records (regular education records include any behavioral interventions or plans that have been developed for the student to thrive at school) will be released and/or exchanged between Bend-La Pine Schools and Bend Park and Recreation District.

I further understand that confidential information will not be shared with other agencies or individuals without my written permission. My consent is voluntary and unless revoked in writing shall stand as valid for one-year from the date of my consent.

\_\_\_\_\_  
Student's Name (first and last)

**Yes, I give consent:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

**No, I do not give consent:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date