



*Scattergood*  
FRIENDS SCHOOL

1951 Delta Avenue, West Branch IA 52358 319-643-7600 – mainoffice@scattergood.org

### **2011-2012 Consent for Disclosure of Information**

I, \_\_\_\_\_, the undersigned, hereby authorize Scattergood Friends School, at its discretion, to release, discuss, and exchange information regarding my academic performance and any health or medical conditions I may experience while enrolled at Scattergood (specifically including substance abuse treatment information, behavioral and mental health information, and sexually transmitted diseases and HIV/AIDS information).

I understand that Scattergood Friends School may release, discuss, and exchange this information with school staff, with my parents, with any other adult legally responsible for payment of my educational expenses, and with health professionals, to the extent that Scattergood Friends School determines is necessary and in my best interests. Scattergood shall caution all individuals or entities who receive this information that all sensitive issues are to remain strictly confidential except when precluded by state and/or federal law.

I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily. This release shall be valid for the duration of the 2011-2012 academic school year, August 2011 through June 2012.

By my signature below, I consent to the release of the above information.

_____	_____	_____
(Student Signature)	(Date)	(Print Name)
_____	_____	_____
(Parent Signature)	(Date)	(Print Name)