



Parent/ Unaccompanied Youth

Release of Information

Wichita Public Schools USD259 Division of Student Support Services
McKinney-Vento Homeless Education Program

Parent Name (if applicable) _____ Phone _____

Student Legal Name _____ Date of Birth _____ Student ID# _____

Student Legal Name _____ Date of Birth _____ Student ID# _____

Student Legal Name _____ Date of Birth _____ Student ID# _____

Student Legal Name _____ Date of Birth _____ Student ID# _____

I hereby authorize USD 259; McKinney-Vento Homeless program to share and receive appropriate information concerning the above student/s and family in regards to the following:

<input type="checkbox"/> USD 259, employees, agents, and assigns (the "District")	<input type="checkbox"/> Transportation Services	<input type="checkbox"/> Medical Information
<input type="checkbox"/> Nutrition Services	<input type="checkbox"/> Referrals (Family Assistance)	<input type="checkbox"/> Social Services Agencies
<input type="checkbox"/> Shelters	<input type="checkbox"/> Other:	

By signing the release of information, I allow the persons or agencies listed above to share specific information about my case. I understand that this is a cooperative effort by agencies and school personnel involved to share information that will lead to better utilization of community resources and services.

I understand the information stated above and hereby grant all the referenced permissions for the period of July 1, _____ to June 30, _____.

Parent/Legal/Unaccompanied Youth Signature

Date

Staff Representative Signature

Date