



# BROOKINGS School District no. 5-1

*Working Together...Educating with Excellence...Inspiring Learners for Life.*

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Brookings School District 5-1  
2130 8th Street South  
Brookings, SD 57006-3507  
Phone # 605-696-4700  
Fax # 605-696-4704

## CONSENT FOR RELEASE OF INFORMATION

**Please PRINT (except signature) and provide complete information in each section.**

Student name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I understand by signing this form, I am allowing the Brookings School District to exchange medical or educational records, and other pertinent student information concerning the above named student to:

\_\_\_\_\_  
Name of person and/or Institution

\_\_\_\_\_  
Mailing address/Street/P.O. Box

\_\_\_\_\_  
City, State, Zip Code

This authorization is voluntary and I may cancel this consent to release information at any time by sending written notice to:

Director of Special Education,  
Brookings School District  
2130 8<sup>th</sup> Street South, Brookings, SD 57006.

This agreement will expire one year from the date of signature, unless previously revoked or otherwise indicated.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Complete Mailing Address/Street/P.O. Box City, State, Zip Code

\_\_\_\_\_

**District use only:**

Received date - / /