Richland School District Enterprise Middle School

# EXCHANGE OF CONFIDENTIAL INFORMATION

Students Name _____ Birth Date _____

I hereby authorize the exchange of confidential information with the agency and/or person(s) listed below:

| | | |
|---|---|---|
| Enterprise Middle School<br>5200 Paradise Way<br>W. Richland, WA 99353<br>(509)967-6200<br>Fax: (509)967-5685 | AND | Agency and/or Person:<br>Address:<br>City:<br>Zip:<br>Telephone: |

Check all appropriate:

- ☐ Health records
- ☐ Special Education records
- ☐ Transcripts
- ☐ Psychological and counseling records
- ☐ Other (briefly describe) _____

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

| | |
|---|---|
| Parent / Guardian Signature: | Date: |
| Street Address | City, State, Zip |

**Send Information To:**

Enterprise Middle School
5200 Paradise Way
W. Richland, WA 99353

Attention: _____

***Authorization for release of medical information is good for 90 days.