

MARATHON HIGH SCHOOL  
Marathon City, WI

PERMISSION TO OBTAIN & RELEASE INFORMATION

STUDENT INFORMATION

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
(Student Name – Please Print)

\_\_\_\_\_  
(Student D.O.B)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

AUTHORIZES

\_\_\_\_\_  
(Name of School / Provider)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

**RELEASE PROTECTED  
INFORMATION TO:**  
Marathon High School  
Attn: Jennifer Aune, Counselor  
204 East Street  
P.O. Box 37  
Marathon, WI 54448  
715-443-2226  
715-443-2611 (fax)

**This disclosure is being made for the following purpose(s):**

- Qualifications for Individual Education Plan  
 School Related Health Information  
 Further Medical Information Needed  
 At the request of an individual  
 Other

**Information to be Released:**

- Official Student Academic / Admin Report  
 IEP Team Evals & Related Reports  
 Psychological and/or Social Work Report  
 Medical and/or Health Report  
 Appropriate Agency Reports  
 Progress Notes  
 Other

I understand that this information will be confidential and will be used in the best interest of my child. This release is valid for one year from this date unless specified below or expressly revoked.

In accordance with Section 146.81-146.84 of the Wisconsin Statutes and the Health Insurance Portability and Accountability Act (HIPAA) and its implementing privacy regulations deal with the confidentiality of patient health care records. Both Wisconsin law and HIPAA require that an authorization for release of medical information be in writing and contain certain elements including the rights to refuse to sign the authorization, to receive a copy of the authorization, to withdraw the authorization, and to inspect and copy records to be disclosed. There is also a re-disclosure notice: The information disclosed pursuant to the authorization may be re-disclosed by the recipient and no longer protected by HIPAA. Compliance with HIPAA is mandatory on April 14, 2003.

\_\_\_\_\_  
**As evidenced by my signature, I hereby authorize disclosure of record(s) to the person(s) or agency(s) specified above**  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title / Relationship to Child)