

Authorization for Release of Information
For Program Collaboration with RSU #29 Title VI, HBMI Education Department &
JOM, Wabanaki Public Health & Wellness, The Boys & Girls Club

STUDENT INFORMATION

Student Name: _____

Date of Birth: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

I, the undersigned parent/legal guardian of the student named above, authorize RSU #29 Title VI Program, the Houlton Band of Maliseet Indians Education Department, Johnson O'Malley (JOM) employees, and Wabanaki Public Health and Wellness programs, in collaboration with the RSU #29 Title VI Program Director, to communicate and share information as needed to support my child's educational, cultural, and program-related needs.

Please initial each item below to indicate your permission.

Educational Support and Communication

_____ I give permission for program staff to access and share my child's educational and attendance information as needed to support participation in classes, activities, and services.

_____ I give permission for program staff to communicate with school personnel regarding my child's educational needs.

_____ I give permission for program staff to advocate for my child during meetings and assist with additional educational support when needed.

_____ I give permission for program staff to have access to any 504 or IEP plans and to discuss and coordinate support related to my child's education. This includes participation in meetings related to my child's Individualized Education Program (IEP) and/or 504 Plan.

Program Coordination

_____ I give permission for collaboration with the RSU #29 Title VI Director to provide educational and cultural opportunities during the school year.

_____ I give permission for coordination with the HBMI Boys & Girls Club for after-school educational and cultural activities.

_____ I give permission for coordination with Wabanaki Public Health and Wellness to provide educational and cultural programming during the school day and after-school.

Photos and Videos - Please select one:

YES — I give permission for photos and videos of my child to be taken, shared, and published while participating in activities or programs connected to: RSU #29, Houlton Band of Maliseet Indians Education Department, Wabanaki Public Health and Wellness programs. These will be used for promotional and educational purposes.

NO — I do not give permission for photos or videos of my child to be taken, shared, or published.

Additional Permission – Boys & Girls Club of Border Towns(*Complete only if your child attends the Boys & Girls Club of Border Towns.*)

_____ I authorize the Boys & Girls Club of Border Towns to obtain copies of my child’s report card for case file documentation and reporting purposes.

_____ I authorize the Boys & Girls Club of Border Towns to access my child’s PowerSchool login information for academic support and attendance tracking as required by the mentoring program.

Additional Permission – JOM Employees

_____ I authorize the JOM employee of the Houlton Band of Maliseet Indians to access my child's PowerSchool login information for academic support and attendance tracking purposes to provide academic support and tutoring.

To be filled out by Guidance:

ID: _____ Password: _____

CONFIDENTIALITY

I understand that any information collected or shared under this authorization will be kept confidential and maintained on file by the: RSU #29 Title VI Program, Houlton Band of Maliseet Indians Education Department, and the Boys & Girls Club

TERM OF AUTHORIZATION

This authorization will remain in effect for the entire time my child is enrolled in RSU #29, unless I revoke it in writing.

I understand that I may revoke this authorization at any time by submitting written notice to RSU #29. Revocation will apply only to information shared after the written notice is received.

RELEASE OF LIABILITY

By signing below, I acknowledge that I am voluntarily giving this authorization and agree to hold the above-named agencies and programs harmless from liability related to the release or sharing of information as authorized by this form.

SIGNATURES

Parent/Guardian Signature: _____

Date: _____