



Dane County Department of Human Services

Division of Children, Youth & Families

Dane County Executive - Joe Parisi

Director – Shawn Tessmann

Division Administrator Prevention & Early Intervention – Connie Bettin

1202 Northport Drive, Madison, WI 53704-2092

PHONE: (608) 242-6200 FAX: (608) 242-6256

CONSENT FOR RELEASE OF CONFIDENTIAL EDUCATION RECORDS (including behavior, progress, pupil, and Individual Education (I.E.P.) records)	Child - Who is Subject of Record	Date of Birth	Grade
	Address		
	City, State, Zip Code		
	Name and Address of Person/Agency Authorized to Release and Receive Information: Dane County Department of Human Services 1202 Northport Drive Madison, WI 53704		
Name and Address of School Authorized to Release Information:			

Purpose for Release of Information: **Foster Care Licensing**

Voluntary Consent: My consent to the release of the confidential records described above is voluntarily given. Refusal to sign this authorization will not affect my right to receive health care or payment of claims except as provided by law.

Expiration Date or Event: This authorization expires upon one year after signature.

Right to Revoke: I understand that I may revoke this authorization at any time, except where information has already been released pursuant to this authorization, by sending a written notice of my revocation to the individual/agency hereby authorized to release information. Unless so revoked, this authorization will remain in effect until the expiration event indicated above.

As evidenced by my signature, I hereby authorize disclosure of the confidential records described above to the person(s) or agency(s) specified above.

Applicant #1 - Signature	Date Signed	Title or Relationship to Child who is Subject of Record
Applicant #2 - Signature	Date Signed	Title or Relationship to Child who is Subject of Record

