



Education Division
Fort McDowell Yavapai Nation
P.O. Box 17779
Fountain Hills, AZ 85269-7779
(480) 789-7105 FAX (480) 816-0479

AUTHORIZATION FOR DISCLOSURE OF INFORMATION
2016-2017 SCHOOL YEAR

RE: _____
(Complete Name of Student) (Date of Birth) (Grade Level)

TO:

I HEREBY AUTHORIZE AND DIRECT THE FORT MCDOWELL EDUCATION DEPARTMENT TO OBTAIN THE FOLLOWING:

All academic, special education, attendance, disciplinary and health records relating to the education of the above-named child. Other: _____

A copy of this *Authorization for Disclosure of Information* shall be treated as an original. This authorization is made under all applicable Federal and State Privacy Acts, and all applicable laws and/or regulations restricting access to information. This authorization remains on file in the Fort McDowell Yavapai Nation Education Division, and remains in effect for twelve months from the date of signature (Parents, see reverse side for additional conditions).

MAIL TO: Education Division **OR FAX TO: (480) 816-0479**
Fort McDowell Yavapai Nation
P.O. Box 17779
Fountain Hills, AZ 85269-7779

OR SCAN AND EMAIL TO: alebeau@ftmcdowell.org

Authorization By: _____
(Please **PRINT** Parent/Legal Guardian's Name)

(Parent/Legal Guardian **SIGNATURE**) (Date)

(Mailing Address) (City/State/Zip)

(Physical Address) (City/State/Zip)

(Home Phone Number) (Work Phone Number) (e-mail)

THIS WORK NUMBER IS FOR: FATHER MOTHER OTHER

CONDITIONS

1. The original of this authorization is on file in the Education Department and will remain in effect for duration of processing and for twelve months from the date of signature.
2. I understand I have a right to review my file and correct any information.
3. I hereby unconditionally and fully release, discharge, and hold harmless the Fort McDowell Yavapai Nation, its Enterprises, its subsidiaries, its departments, its governing body, officers, agents, contractors, and employees from any and all claims for damages arising from the results of any aspects of this request including the release from any and all liability arising from misreported or erroneous information, use of this release form, use of the information obtained from or in the custody of the Nation's files or possession, dissemination of the information to the persons listed, or use by the persons or their agents for purposes other than the purpose stated herein.
4. As requestor (student or guardian), I hereby certify that I am at least 18 years old and have legal capacity to consent to authorize the release of this information.
5. I further agree that I am responsible for all costs associated with processing my request for information.