

## The Confederated Tribes of Grand Ronde K-12 Youth Education Department Program Application

### Authorization for Release of Information

I, the undersigned, hereby request and authorize the following agencies and programs to release information to the Confederated Tribes of Grand Ronde (CTGR) Education Division to document eligibility for program services and to provide and coordinate services to my student(s).

<b>Name of Student(s):</b>	<b>Date of Birth:</b>	<b>Grade:</b>	<b>Tribal Affiliation</b>
_____	_____	_____	_____
_____	_____	_____	_____

I authorize the following agencies and programs to exchange information and coordinate services for my child :

CTGR Education Division	CTGR Member Services
CTGR Social Services/Prevention	CTGR Human Resources
CTGR Health and Wellness	CTGR Land and Culture
CTGR Tribal Court	Grand Ronde Tribal Housing Authority
Educational Institution(s)	

Please list any agencies you would **NOT** want Youth Education to share information with:

Authorization for the agencies and program above includes, but is not limited to:

- Academic records/administrative records that includes class schedules, current grades, grade point average, grade level, class ranking, aptitude, test results, and assignments
- Individualized Education Program or Multidisciplinary Team process and results
- Attendance records including absences and tardies.
- Medical, physical, or health related records including mental, environment, social, and behavioral reports
- I authorize my student(s) image may be taken and used for publication including Smoke Signals, social media, CTGR employee emails, advertisements, and the grandronde.org website
- I authorize my student to be transported by CTGR vehicle
- I agree that a photocopy or fax copy of this form is acceptable with the same authority as the original

\*\*\*This authorization will be in effect from \_\_\_\_\_ to \_\_\_\_\_ or until revoked in writing. **Please note: you will need to print this form and hand-write your signature prior to submitting to YED**

Signature of Parent/ Legal Guardian	Printed Name of Parent/Legal Guardian	Date
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Mailing Address	City	State	Zip
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Phone Number	Email	Emergency Contact	Phone
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Preferred Method of Contact:     Phone     Text     Email     Mail

*For Office use:*

Received \_\_\_\_\_