



RELEASE OF INFORMATION: Parent/Guardian Signer

1. Please select your school *
- Meany Middle School
 - Whitman Middle School

SECTION 1: Student and Signer Information

| | |
|-----------------------------|-----------|
| Student Legal name * | |
| First Name | Last Name |

| |
|--------------------------------|
| Student Date of Birth * |
| Date |

| |
|---------------------------|
| Student Zip Code * |
| Postal/Zip Code |

Seattle Public Schools wants to provide students with the services they need to succeed. To do this, Seattle Public Schools and its health and social services partners, agreed to use the Student Health Hub. The Student Health Hub is a simple and secure way to connect students to health and social services in your community.

Once your/your student's education record information is shared with the Student Health Hub, a representative will connect and coordinate your/your student's access to health and social services.

SECTION 2: Consent

PARENT/GUARDIAN CONSENT TO SHARE INFORMATION TO COORDINATE CARE

Before Seattle Public Schools can share information from your student's education record on the Student Health Hub, we need to make sure you understand your student's education record and how the Student Health Hub will protect and share your student's information with Seattle Public Schools approved health and social service partners.

The Family Educational Rights and Privacy Act FERPA requires that Seattle Public Schools has your permission prior to adding information from your student's education record to the Student Health Hub. Once this information is in the Student Health Hub and shared with a provider, it will then be protected under the Health Insurance Portability and Accountability Act HIPAA.



CONSENT

I understand that my student’s record is protected by FERPA and my consent to share information from my student’s education record to the Student Health Hub is voluntary. I can revoke my authorization at any time by writing to Lisa Davidson, Prevention and Intervention Manager, at lmdavidson@seattleschools.org. Revocation will not affect information already shared.

By signing this form, I am giving permission to Seattle Public Schools to share information from my student’s education record including their name, date of birth, address, parent/guardian name, parent/guardian email, demographic information (e.g., race, gender identity), school, and grade level on the Student Health Hub.

My consent to share information from my student’s education record will end ninety 90 days from the date of my signature below.

CONSENT EXPIRATION

My consent to share information from my student’s education record will end ninety 90 days from the date of my signature below.

Commented [MB1]: @Lane.Jacobi Recommend adding a line break here to be consistent with digital ROI, but let me know if I’m missing something.

Commented [MB2]: @Lane.Jacobi Recommend adding a line break here to be consistent with digital ROI, but let me know if I’m missing something.

SECTION 3: Signature

Signature *

Sign Here

Date
Date

Name of Signer *
First Name Last Name

Email *
example@example.com