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

AUTHORIZATION FOR DISCLOSURE OF INFORMATION
_____ - _____ SCHOOL YEAR

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

TO:

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

All academic, special education, attendance, disciplinary, enrollment, and health records relating to the education of the above-named child. (Article V. Truancy Section 11- 54a 1-2, 11-56G require academic, attendance, and enrollment records – all other records are optional) 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/Guardians, see reverse side for additional conditions).

☐ **Please check this box if you do not want the Education Division to share any information received under this disclosure form, including, but not limited to, Tribal Council, the Events Department, and Tribal Committees.**

MAIL TO: **Education Division**
Fort McDowell Yavapai Nation
P.O. Box 17779
Fountain Hills, AZ 85269-7779

OR SCAN AND EMAIL TO: lkthompson@fmyn.org

Authorization By:

_____
(Please PRINT Parent/Legal Guardian's Name) Relationship Mother, Father, Guardian, Other

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

_____
(Mailing Address) (City/State/Zip)

_____
(Physical Address) (City/State/Zip)

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

CONDITIONS

1. The purpose of this Authorization for Disclosure of Information is to provide support services, and programming to families and students by the Fort McDowell Yavapai Nation Education Division; allow Education Division Staff to carry out job functions within the Education Division; meet FMYN Education and Tribal reporting requirements, inform and improve programs and services provided by the FMYN Education Division, and be eligible to receive Tribal benefits. The Authorization of Disclosure of Information allows the Education Division Staff to track and monitor student progress, advocate on behalf of a student, attend school and special education meetings, communicate with school personnel, and act as a liaison between school personnel and parents/students.

2. The Authorization for Disclosure of Information is required pursuant to Article V Truancy 11-56G.

3. The original of this authorization is on file in the Education Division and will remain in effect for duration of processing and for twelve months from the date of signature.

4. I understand I have a right to review my file and correct any information.

5. 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.

6. 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.

7. I further agree that I am responsible for all costs associated with processing my request for information.