

# *Aberdeen School District*

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314 S Main Street  
Aberdeen, SD 57401  
605-725-7100 – Phone  
605-725-7199 – Fax

## **AUTHORIZATION TO RELEASE INFORMATION**

The undersigned, who is/are the custodial parent(s) or the legal guardian(s) of \_\_\_\_\_ (student), a student of the Aberdeen School District 6-1 (District), hereby authorize(s) and consent(s) to the release and exchange of information by employees of the Aberdeen School District to and from \_\_\_\_\_ **Home Detention** \_\_\_\_\_ for the purpose of facilitating educational planning and other services relating to the education and treatment plan of the student. The information released may be protected by the confidentiality provisions of State or Federal law, and the recipient of the information is hereby notified that the information hereby released may not be released by the recipient without written consent of the undersigned.

_____	_____
Date	Parent
_____	_____
Date	Parent
_____	_____
Date	Agency Contact
_____	_____
Date	Witness

*“Empowering All Students to Succeed in a Changing World”*