



Ho-Chunk Nation Education Department  
School Community Relations Division

**RELEASE OF INFORMATION CONSENT FORM**

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Records Requested From \_\_\_\_\_

**TYPE OF RECORDS REQUESTED:**

\_\_\_\_\_ Consent to communicate to Ho-Chunk Nation School Community Relations Division regarding all student academic, assessment, disciplinary, and special education records through the end of 20\_\_ School Year.

**PURPOSE:**

- 1) To assist student & parents in the development of the IEP.
- 2) To assist student & parents in advocacy.
- 3) To assist student & parents in Pre-K – 12 requests.
- 4) To assist student & parents in transitioning to Higher Education.

**DISCLOSURE OF RECORDS WILL REMAIN WITHIN:**

Ho-Chunk Nation Education Department

**I understand that my records are protected under the CFR25, Part 43, 1-23 and cannot be disclosed without my written consent, other than the above mentioned. Any re-release of these records will result in immediate revocation. I also understand that I may revoke this consent at any time, except to the extent that the action has been taken in reliance on it and that in any event, this consent expires automatically within twelve (12) months from this date.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

Education Department School Community Relations Division  
PO Box 667  
Black River Falls, WI 54615  
(PH) 715-284-4915  
Fax: 715-284-1760  
SCR@Ho-Chunk.com