



Suquamish Tribe Tribal Education Department P.O. Box 498 Suquamish, WA 98392  
Main (360) 394-8566 Fax (360) 598-3132

## AUTHORIZATION OF RELEASE OF CONFIDENTIAL INFORMATION

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_

To assist and promote my child's academic success, I authorize and request

\_\_\_\_\_  
(Name of School or School District)

to discuss my child's academic needs with the **Suquamish Tribes: Department of Education** and to release confidential records to The Suquamish Tribe: Department of Education for services my child received. This authorization is effective for one year from the date on which it is signed. I understand that I may revoke this authorization at any time and that I have the right to inspect the information disclosed upon reasonable notification to the Tribe's Education Department.

By checking the boxes below, I authorize the following confidential grade records to be disclosed to the Tribe's Youth Center Department:

- School Grade Records                       Other (Please specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ I understand that the confidentiality of these records will be protected in compliance (Please initial) with tribal, state, and/or federal law. No information will be released without my written consent unless disclosure is permitted by a court order.

\_\_\_\_\_ I understand that a validated copy of this release will be kept on file with the Native American Program office of the North Kitsap School District or at a specific school within the district.

\_\_\_\_\_  
(Parent/Guardian)                      Date

\_\_\_\_\_  
Staff Member                      Date

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Suquamish Tribe, Education Department