

PORT GAMBLE S'KLALLAM TRIBE Career and Education Department & Youth Services Program 31912 Little Boston Road • Kingston, WA 98346

## AUTHORIZATION OF RELEASE OF CONFIDENTIAL INFORMATION

Student's Name:	Birth date:
Address:	Phone: ()
	Email:

Grade:\_\_\_\_\_ To assist and promote my child's academic success, I authorize and request

## (Name of School, School District and Grade)

and it's personnel, staff, officers, agents, teachers, authorized representatives, to discuss my child's academic needs and to release confidential records to the Port Gamble S'Klallam Tribe's Education and Youth Services Departments. This authorization is effective for the duration of my student's enrollment in the above listed school or school district and shall only expire upon my request. 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 and Youth Services Programs.

## By checking the boxes below, I authorize the following confidential records to be disclosed to the Port Gamble S'Klallam Tribe's Career and Education Department and/or Youth Services Program:

□ School Records	Other (Please specify)
Special Education Records	
Tribal Enrollment Records	

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.

Lunderstand that a validated copy of this release will be kept on file with the Native (Please initial) American Program Office of the North Kitsap School District or at a specific school within the District.

Parent/Legal Guardian	(Print Name)	Parent/Legal Guardian (Signature)	Date
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Toni Jones	Date	Stephanie Carpenter	Date
Port Gamble S'Klallam Tribe,		Port Gamble S'Klallam Tribe,	
Career and Education Director		Youth Services Manager	