



**Nez Perce Tribe**

**Mamá'asnim Hitéemenwees**

**Release of Confidential Information**

I, \_\_\_\_\_, give the Mamá'asnim Hitéemenwees consent to obtain from or give to the following agencies and/or persons pertinent information about my child, \_\_\_\_\_, for whom I am legally responsible. In granting such permission, I understand that information will remain confidential and that the information will be used for the benefit of the child named above. This consent is valid for the current school year as dated unless I revoke consent prior to.

AGENCY	ADDRESS	PARENT INITIAL
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Confidential Information:**

The Nez Perce Tribe Personnel Policies and Procedures (4.12): Tribal programs performing certain assistance and/or treatment services to tribal members and/or clients may not disclose confidential information specified by that particular program's legislation and/or rules. "Unauthorized disclosers that can be documented may be grounds for disciplinary action including termination or legal action."

Head Start Performance Standards (1302.22 (a)(1-4): These procedures give assurance that in cases parents will be told the nature of the data to be collected and the uses to which the data will be put, and that the uses will be restricted to the stated purposes. The records will be kept in a place that is inaccessible to unauthorized persons. Only authorized persons should be permitted to view the records. Parents and staff should jointly decide if such records are forwarded to the school districts after Head Start, in which case an Education consent form will need signed. *This form will remain valid until services are relinquished. Parents have a right to revoke this consent at any time.*

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**STAFF USE:**

I have explained to \_\_\_\_\_ the purpose of this release and the disclosure which may be reasonably anticipated.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_