



OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805/385-1501 ext. 2322 www.oxnardsd.org

Confidentiality and Release of Information

I hereby authorize the release and disclosure of educational, medical, and/or psychological information between the Oxnard School District and the following agency/agencies:

- | | |
|---|--|
| <input checked="" type="checkbox"/> California Department of Education | <input checked="" type="checkbox"/> Ventura County Office of Education |
| <input checked="" type="checkbox"/> Ventura County Public Health | <input type="checkbox"/> New Dawn Counseling Centers |
| <input type="checkbox"/> Ventura County Human Services | <input type="checkbox"/> Continuing Development Inc. |
| <input type="checkbox"/> Child Development Resources of Ventura County, Inc. | <input type="checkbox"/> Mixteco Indigena Organizing Project |
| <input type="checkbox"/> City Impact, Inc. | |
| <input type="checkbox"/> Interface Children & Family Services | |
| <input checked="" type="checkbox"/> VC Children and Families First Commission (First 5) | |

Other(s): _____

as it pertains to the following persons:

Name

Date of Birth

The disclosure of information authorized is required for the purpose of the student's participation in the Oxnard School District State Preschool Program.

A photocopy or facsimile of this form is to be considered as valid as the original. I have read and understood the following statements about my rights:

1. I may revoke this authorization at any time by notifying the providing organization in writing, but the revocation will not extend to information that was already obtained or released to the revocation.
2. I have the right to receive a copy of this authorization as well as the information described on this form.
3. Under certain circumstances, the information that is used or disclosed pursuant to the authorization may be re-disclosed by the receiving entity according to Federal and state law and may no longer be protected. I have the right to seek assurances from the above-named persons/organization authorized to receive the information that they will not re-disclose the information to any other party without my further authorization unless mandated by law.

Signature of Parent or Guardian

Date

1/30/19



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Confidencialidad y Revelación de Información

Por la presente autorizo la revelación y declaración de información educacional, media y/o psicológico entre el distrito escolar de Oxnard y la(s) siguiente(s) agencia(s):

- | | |
|---|--|
| <input checked="" type="checkbox"/> California Department of Education | <input checked="" type="checkbox"/> Ventura County Office of Education |
| <input checked="" type="checkbox"/> Ventura County Public Health | <input type="checkbox"/> New Dawn Counseling Centers |
| <input type="checkbox"/> Ventura County Human Services | <input type="checkbox"/> Continuing Development Inc. |
| <input type="checkbox"/> Child Development Resources of Ventura County, Inc. | <input type="checkbox"/> Mixteco Indígena Organizing Project |
| <input type="checkbox"/> City Impact, Inc. | |
| <input type="checkbox"/> Interface Children & Family Services | |
| <input checked="" type="checkbox"/> VC Children and Families First Commission (First 5) | |

Otras(s): _____

que corresponde a las siguientes personas:

Nombre

Fecha de Nacimiento

Esta revelación de información autorizada se requiere para el propósito de la participación del estudiante en el programa del programa preescolar estatal.

Fotocopia o facsímile de esta autorización debe considerarse valido como su original. He leído y comprendido lo siguiente con respecto a mis derechos:

1. Puedo revocar esta autorización en cualquier momento por escrito a la organización respectiva, con el entendido de que tal revocatoria no abarca información previamente revelado.
2. Tengo el derecho de recibir una copia de esta autorización, así como la información que se describe en este formulario.
3. Bajo ciertas circunstancias, la información que está siendo utilizada o revelada en relación a esta autorización puede darse a conocer por parte de la entidad que la recibe, según lo disponen las leyes Federales y Estatales pudiendo no estar ya protegida. Tengo el derecho a que la persona o entidad antes nombrada, me garantice que no se ha de revelar dicha información a ninguna otra entidad o persona sin me autorización, a menos que la ley lo exija.

Firma de Padre/Tutor

Fecha

1/30/19