



ROCHAMBEAU

THE FRENCH INTERNATIONAL SCHOOL

REQUEST TO COMMUNICATE CONFIDENTIAL RECORDS WITH APPROPRIATE SCHOOL PERSONNEL¹

(Valid for the duration of the current school year)

Student's Name _____

Grade _____

DOB _____

Name of Parent / Guardian: _____

I grant permission for Rochambeau personnel *(circle the right personnel):*

- School Counselor
- Special Education Teacher
- Teacher
- Director

To communicate with: *(Name / Address of physician, school, agency):*

And share various assessment reports² with the rochambeau personnel *circle the right personnel*³:

- School Counselor
- Special Education Teacher
- Teacher
- Director

Parent / Guardian Signature and date

¹ This form can be revoked in writing at any time by the parents. If revoked, the letter will be attached to this form.

² Detailed report from a medical or psychological service is required as supporting documentation for all students in need of special support. The report should include a statement about the impact on learning.

³ A confidential file will be created for your child and this information will be kept confidential from any school personnel that is not mentioned in this document.

⁴ These information will be destroyed when they do not serve an educational purpose