



DANE COUNTY DEPARTMENT OF HUMAN SERVICES  
ADULT COMMUNITY SERVICES DIVISION  
AND  
WAISMAN CENTER COMMUNITY TIES



CONSENT TO RELEASE CONFIDENTIAL INFORMATION  
(School District Form)

All matters related to child and family records are considered privileged and confidential and are treated as such by the employees of the Dane County Department of Human Services, Adult Community Services Division and Waisman Center Community TIES.

Information regarding such matters cannot be given without the consent of the parent or legal guardian.

Dane County Department of Human Services, Adult Community Services Division and Waisman Center Community TIES is hereby granted permission to obtain from:

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School District/Therapy Program	Full Address
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Name of Individual Seeking Service	Date of Birth
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Purpose or need of release: To document primary diagnosis and current functioning level.

Specific information to be released: Summary of the most recent evaluation and a M-Team areport including a psychological report or a social worker's report.

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Signature of parent or legal guardian	Date of Release
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Please mail form or reports within one week to:

Waisman Center Community TIES Program  
University of Wisconsin-Madison  
122 E. Olin Avenue, Suite #100  
Madison, WI 53713

ATTN: \_\_\_\_\_