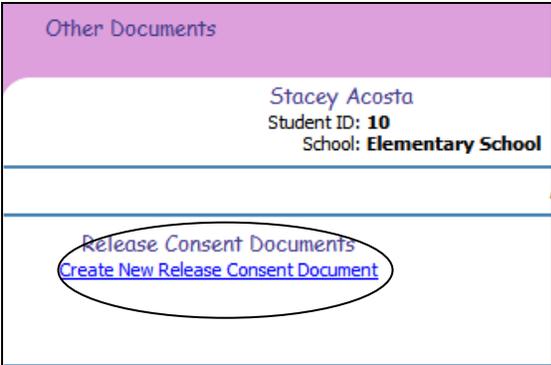


RELEASE CONSENT FORM

Release consent forms are now customizable including a new system table of release items that a district can define (medical records, etc.). Document sections can be defined for the Release Consent form. There are also release date ranges for each release item to comply with new state forms.

Consequently, addresses table maintenance, form customization and menu customization must be completed by the system administrator prior to working with the release consent form.

1.	Select student that needs to have a release consent form.	This is located in the Other Documents section.
2.	Click Create New Release Consent Document	Note: If a new consent document is created in one area, ie. Health, it will automatically be displayed in Other documents.
		
3.	Input request for release information from individual/organization in top half of form and who the form should be returned to in the bottom half. Click Submit	Be sure to fill in “sent date” and select guardians. Select individual from drop down to return form to , click “get address info” button to fill in bottom of form.

[Update Current Guardians](#)

*Sent Date: 7/12/2013

*Case Manager Name: George Administrator

*Select one or more guardians:

Select	Name	Address	City	Phone
<input checked="" type="checkbox"/>	Bilbo Baggens	1 1st Street	BagsEnd	289-789-5241
<input type="checkbox"/>	Bob's Guardian Service	Route 66	Coon Rapids	
<input checked="" type="checkbox"/>	Gandolf Grey	Roversville	Wizards Way	222-333-4444
<input type="checkbox"/>	Mark Twain	222 Writers Block Road	Literary	123-456-7890
<input type="checkbox"/>	Mom and Dad Boseck	999 Main	Coon Rapids	

Check either or both boxes, as needed. *One is Required.

to release specific information to:

to obtain specific information from:

Name, Title: Dr. Smith

*Organization: Sanford Medical

*Address: 123 Main Street

*City: Shoreview

*State: MN

*Zip: 56617

Return Form To:

*Name: Susan Smith

*Address: 888 Main

*City: anytown

*State: MN

*Zip: 55555

Phone 1 Description/Number: Office 333-2222

Phone 2 Description/Number: Cell 888-3332

Phone 3 Description/Number:

4. Click **Release Information Items** on menu bar.
- Select the appropriate items for this student's release of information. Select the time frame for the information and include a reason for the request.
- These items have been previously set up during release information items maintenance.
- Click submit.

***One is required**

Description	Created Between
<p>Use these dates for all checked items >>> unless dates are specified for individual items below. (*Dates are required.)</p> <input checked="" type="checkbox"/> Medical Records <input checked="" type="checkbox"/> School Records <input checked="" type="checkbox"/> Special Education Records <input type="checkbox"/> Other (specify)	1/1/2013 and 6/30/2013
<input checked="" type="checkbox"/> Dental Health Records	and

***The purpose for the request:**
To pull her records to include in the cum file

5. Click Check Completeness to ensure all items have been input
- Put consent into Pending until signature is returned from guardians

		Section	Messages
Edit	✓	Student Information	Complete
Edit	✓	Consent Information	Complete
Edit	✓	Release Information Items	Complete

Congratulations! This Release Consent Document is Complete!

You may now make this Release Consent Document Pending if you wish.

6. Print Release Consent	A release consent document will be printed for each guardian selected
--------------------------	---

 <p>cmERDC Public School Dist. 11299 Hanson Blvd NW Coon Rapids, MN 55433-3799</p>	<p>CONSENT TO RELEASE PRIVATE DATA (Pending)</p>
<p>Student's Name: <u>Joy A Boseck</u> ID#: <u>10495</u> Date: <u>7/12/2013</u> School: <u>Elementary School</u> Grade: <u>03</u> Date of Birth: <u>6/29/2005</u></p>	
<p>Name: <u>Bilbo Baggens</u> authorizes District: <u>cmERDC Public School Dist. (#0011)</u></p>	
<p><input type="checkbox"/> to release the specific information identified below <i>to</i>: <input checked="" type="checkbox"/> to obtain the specific information identified below <i>from</i>:</p>	
<p>Name of individual or entity: <u>Dr. Smith</u></p>	
<p>Address: <u>Sanford Medical</u> <u>123 Main Street</u> <u>Shoreview, MN 56617</u></p>	
<p><input checked="" type="checkbox"/> Medical Records <input checked="" type="checkbox"/> School Records <input checked="" type="checkbox"/> Special Education Records <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Dental Health Records</p>	<p>Created between 1/1/2013 and 6/30/2013 Created between 1/1/2013 and 6/30/2013 Created between 1/1/2013 and 6/30/2013 Created between __/__/__ and __/__/__ Created between 1/1/2013 and 6/30/2013</p>