## Gila River Indian Community



Off-Reservation Boarding Schools Office: (520) 562-3662 Fax: (520) 562- 2924



DISCLOSURE OF CONFIDENTIAL INFORMATION CONSENT FORM 2025-2026		
I P	arent/Guardian of	
AUTHORIZE		
NAME OF BOARDING SCHOOL		
TO DISCLOSE TO THE OFF-RESERVATION BOARDING SCHOOLS OFFICE FOR STUDENT'S FILES AND PARENT INFORMATION ONLY		
ACADEMIC RECORDS		HOMELIVING REPORTS/BEHAVIORS
MEDICAL STATUS/MENTAL HEA	ТН	COUNSELING/REFERRALS
RELEASE TO THE GILA RIVER INDIAN COMMUNITY & OFF-RESERVATION BOARDING SCHOOLS OFFICE FOR STUDENT RECOGNITION IN NEWSPAPER ARTICLES AND PUBLIC RELATIONS		
STUDENT RECOGNITIONS		CLASS/GROUP/INDIVIDUAL PHOTOS
I GIVE PERMISSION FOR MY CHILD/STUDENT TO PARTICIPATE IN THE GRIC EDUCAITON STANDING COMMITTEE & TRIBAL EDUCATION		
DEPARTMENT SCHOOL YEAR VISIT(S) AND OFF CAMPUS GROUP LUCHEON/DINNER.		
SIGNATURE OF PARENT/GUARDIAN		DATE
INFORMATION MAY BE DISCLOSED TO THE GILA RIVER INDIAN EDUCATION STANDING COMMITTEE		