## Gila River Indian Community Off-Reservation Boarding Schools



Office: (520) 562-3662 Fax: (520) 562- 2924



## DISCLOSURE OF CONFIDENTIAL INFORMATION CONSENT FORM 2021-2022

Ι	Parent/Guardian	of	
AUTHORIZE			
	NAME OF BOAR	DING S	CHOOL
TO DISCLOSE TO THE OFF-RE FOR STUDENT'S FILES AND P.			SOFFICE
ACADEMIC RECORDS			HOMELIVING REPORTS/BEHAVIORS
MEDICAL STATUS/MENTAL HEATH			COUNSELING/REFERRALS
RELEASE TO THE GILA RIVER INDIAN COMMUNITY & OFF-RESERVATION BOARDING SCHOOLS OFFICE FOR STUDENT RECOGNITION IN NEWSPAPER ARTICLES AND PUBLIC RELATIONS			
STUDENT RECO	INITIONS		CLASS/GROUP/INDIVIDUAL PHOTOS
I	GIVE PERMISSION	FOR M	Y CHILD/STUDENT TO
PARTICIPATE IN THE GRIC ED			•
DEPARTMENT SCHOOL YEAR VISIT(S) AND OFF CAMPUS GROUP LUCHEON/DINNER.			
SIGNATURE OF PARENT/GUAF	RDIAN		DATE

INFORMATION MAYBE DISCLOSED TO THE GILA RIVER INDIAN EDUCATION STANDING COMMITTEE