

RELEASE OF INFORMATION

To: Wisconsin Department of Public Instruction  
P.O. Box 7841  
Madison, Wisconsin 53707-7841

I, #####Parent's Name##, parent of #####Student's Name##, give permission for staff of the Wisconsin Department of Public Instruction to discuss information about the above named child's educational program and to receive or provide copies of relevant documents or records pertaining to his/her educational program with staff members of #####Name of Organization## for the purpose of investigating a complaint filed against the #####School District Name## with the Wisconsin Department of Public Instruction.

This release shall be effective for six (6) months from the date of signing. A copy of this release shall be as effective as the original.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent's Signature