**L’Anse Creuse Public School District**

**Consent for Disclosure of Immunization Information to Local and State Health Departments**

L’Anse Creuse Public Schools is required to report immunization information to the State and local health department.

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information, such as date of birth, gender and address, from your child’s education records, is disclosed to the health department.

This is a new form required by the State of Michigan. Returning this signed form allows the school district to share any immunization information and limited personally identifiable information from the school with the health department.

You may withdraw your consent to share this information in writing at any time.

*I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_****L’Anse Creuse Public School******District****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release my*

*child’s immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student’s Name: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

or Eligible Student:

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

**Printed** Parent/Guardian Name:

Please print