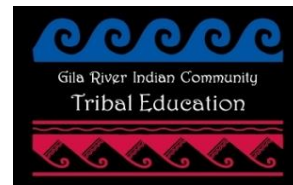


Gila River Indian Community Off-Reservation Boarding Schools

Office: (520) 562-3662

Fax: (520) 562- 2924



DISCLOSURE OF CONFIDENTIAL INFORMATION CONSENT FORM 2024-2025

I _____ Parent/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 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 RECOGNITIONS

**CLASS/GROUP/INDIVIDUAL
PHOTOS**

I _____ GIVE PERMISSION FOR MY CHILD/STUDENT TO
PARTICIPATE IN THE GRIC EDUCATION STANDING COMMITTEE & TRIBAL EDUCATION
DEPARTMENT SCHOOL YEAR VISIT(S) AND OFF CAMPUS GROUP LUCHEON/DINNER.

SIGNATURE OF PARENT/GUARDIAN

DATE

INFORMATION MAYBE DISCLOSED TO THE GILA RIVER INDIAN EDUCATION STANDING COMMITTEE