

**Mississippi Department of Human Services/Division of Youth Services  
Notice of Release of Confidential Student Information**

**Name of Facility:** \_\_\_\_\_

The purpose of this form is to advise parent/guardian(s) when confidential student records have been released to another agency or service provider. Notice is not required when records are transferred to other MDHS/DYS facilities.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The purpose of this notice is to advise you that records for the above named student have been released to:

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Date Records Released: \_\_\_\_\_

- It is understood that the party to whom this information is released will not release it to a third party without appropriate consent.
- You have the right to receive a copy of these records at your request.
- You have the right to contest the contents of these records.
- A copy of the Procedural Safeguards is included with this notice.

Signature of MDHS/DYS Representative: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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