

**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:

Date Records Released: _____

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

Signature of MDHS/DYS Representative: _____

Telephone Number: _____

Date: _____