

# *Nova Services*

702 Elm Street

West Bend, WI 53095

Main: (262) 338-8842 Fax: (262) 338-3724

## PARENTAL CONSENT FOR ASSESSMENT AND INFORMATION RELEASE

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_  
to participate in Nova Services Truancy Intervention Program.

I give Nova Services permission to obtain and share information and records of attendance, performance, IEP/ 504 plans and behavior discipline from the following agencies, for the purpose of evaluating and providing feedback for services:

- School Personnel
- Washington County Department of Social Services
- Law Enforcement Agencies
- Municipal and Criminal Court
- Other assessment agencies

I give Nova Services permission to transport my child as needed. (One example: student missed bus and needs a ride to school, etc.)

This release is valid for one year unless otherwise stated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date