

## Consent to Access Power School Records

I acknowledge that as part of the services received from the health center access to Power School may be necessary for the **purposes of scheduling only**. By signing this consent, I am agreeing to allow access to my student(s) Power School Records.

Client's Name (please print): \_\_\_\_\_

Signature of client or personal representative: \_\_\_\_\_

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

If signed by personal representative, relationship to client: \_\_\_\_\_