



REPRESENTATION/CONSENT FORM – EXPULSION APPEAL

You are hereby notified that the individual/firm listed below has been appointed as attorney or non-attorney advocate for _____ born on _____.

Name of Student

D.O.B.

The individual listed below is an: ____ Attorney ____ Non-Attorney Advocate

First Name: _____

Last Name: _____

Name of Law Firm/Agency: _____

Address – Number, Street, Apartment Number, City, State, and Zip

Code: _____

Office Number: _____

Alternative Number: _____

Fax Number: _____

Email Address: _____

As such, I authorize the school district and the Santa Cruz County Office of Education to release any and all information pertaining to the minor’s developmental, educational, social service, and/or mental health needs to the individual/firm specified above. Such information shall include medial, psychological, social, vocational, rehabilitative, educational, and law enforcement records, reports, assessments, and evaluations.

This authorization includes, but is not limited to, the right to inspect, review, and copy any and all information contained in said records, and to discuss any information contained in or pertaining to said records.

This authorization, except for action already taken, is subject to revocation by me at any time. I also understand that a photocopy or facsimile copy of this authorization has the same effect as the original.

Name of Parent/Legal Guardian: _____

Address: _____

Signature of Parent/Legal Guardian: _____ Date: _____