

**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:** \_\_\_\_\_

- 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:** \_\_\_\_\_