



**Washington
West
Supervisory
Union**

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Brigid S. Scheffert, Superintendent

Donarae Dawson Pike, Director of Student Supports

Michelle Baker, Director of Finance

Sheila Soule-Rivers, Director of Curriculum

Consent for the Release of Personally Identifiable Information

Employee Name:	Date: ___ / ___ / ___
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<p>1. Specification of the records to be disclosed:</p>
<p>2. The purpose(s) of disclosure is/are:</p>
<p>3. Describe the party or class of parties to whom the disclosure may be made:</p>

Employee Signature

Date

Witness, Union Representative Signature

Date

If you have any questions regarding this request, please call: _____
at _____.