## SPECIAL EDCAUDTION DEPARTMENT RECORD OF PARENT CONTACT

Student's Name:			Birthdate:	School:	
	Parer	nts Name:	Telephone:		
		parent contacts, notifications, and ther, father, etc.), and parental re			or form #, telephone, conference, no response", etc.)
DATE	TYPE OF CONTACT	PERSON MAKING CONTACT	REASON FOR CONTACT	PERSON CONTACTED	PARENTAL RESPONSE
that sub se information	ction b (4B) of that act provide n without prior written conser	es that "personal information shall only be nt of the parent of the student.	e transferred to a third party on the c	condition that such party will not p	nal Rights and Privacy Act 1974 is cautioned ermit any other party to have access to such
	y person affixing her or her signature to this document verifies that in sent for re-disclosure according to Clark County Schools Policies and  Name of persons requesting or receiving access and agency represented if applicable.		s for Confidentiality.  cords inspected, Specij	fic reason records N Ispected or copied. P	lames of additional parties to which receiving arty may disclose information and legitimate aterest in obtaining the information.