

Lummi Nation Johnson O'Malley Program

2665 Kwina Rd. Bellingham WA 98226

Office: 360-384-7170

LummiJOM@lummi-nsn.gov

"Assisting in removing barriers of educational growth for eligible Indigenous students."



Release of Information

Notice to students and parents/guardians: The Lummi Johnson O'Malley (JOM) Program assists students eligible for JOM services attending Lummi Nation School, Ferndale School District, and outlying accredited institutions (for Lummi enrolled only), in removing barriers and offering supplemental support to help each student grow in their educational journey. To fulfill our mission, the JOM program needs to be able to communicate with other agencies, schools, and individuals in order to provide the best support for the student. By signing below, you are authorizing the JOM program to request confidential information from the entities stated on this form.

Student Name: _____	Date of Birth: _____	Phone: _____
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Address: _____

Consent: I give permission to the individual/organization listed below to release the following information to the Lummi Johnson O'Malley (JOM) Program. I am aware that this form and the permission granted are valid for the current academic year and will be voided on the last day of school.
I further grant permission for the Lummi JOM Program and the individual/organization listed below to discuss my confidential information with each other for the purposes of providing quality services for my education. The information may be transferred verbally, email, mail, hand delivery, or computer data access.

Release Information From: _____ _____ _____	Send Information to: Lummi Johnson O'Malley Program Attn: _____ 2665 Kwina Rd Bellingham, WA 98226 Or email: LummiJOM@lummi-nsn.gov
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I authorize and consent to the following information to be shared (check all the apply).

<input type="checkbox"/> Tuition/Account	<input type="checkbox"/> Attendance
<input type="checkbox"/> Fees/Fines	<input type="checkbox"/> Grades

- This consent is valid for the current school year of, _____ and shall be voided at the end of the academic year.
- I may revoke or withdraw this consent at any time in writing, but in doing so, I understand that it may adversely affect my ability to receive proper services, or payments.
- A copy of this form is valid to give my permission to share my records/information.

By signing below, I have read and understand the release of information form:

Student Name: _____	Date: _____
Parent/Legal Guardian: _____	Date: _____

For JOM Office Use only:

Date Received: _____	Staff Initials: _____
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