

Pueblo of Laguna
Department of Education



Tele: (505) 552-6008
P.O. Box 207
11 Rodeo Drive - Building A
Laguna, NM 87026

PARENT CONSENT FORM:
RELEASING STUDENT COVID-19 TEST RESULTS

I, _____, parent/legal guardian of _____,
Print Name Student Name

grade level: _____, date of birth: _____ last 4 digits of social security number: _____,

hereby, give the POL EOC COVID-19 Testing Division, consent to release a copy of my son's/daughter's

COVID-19 test results to the Laguna Department of Education, HR Department. Email address:

r.chino@lagunaed.net. Should you have any questions, please contact me at _____,
phone number

physical address: _____. Thank you.

*Parent/Legal Guardian Signature: _____ Date: _____

*My signature verifies approval to release the information requested above.

For all intents and purposes this consent form expires on June 30, 2022.