**Addendum H-1**

**Request for MPS Information/Pupil Records Pursuant to**

**Interagency Agreement Regarding Information-Sharing By Milwaukee**

**Public Schools During a Child Maltreatment Investigation**

**To:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MPS School)

**Re:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Child or Children)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**From:** \_\_\_\_\_\_\_\_\_\_ Division of Milwaukee Child Protective Services **Date of Referral**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_ Milwaukee Police Department (This begins the 60-day timeline)

 \_\_\_\_\_\_\_\_\_\_ West Allis Police Department

 \_\_\_\_\_\_\_\_\_\_ Milwaukee County District Attorney’s Office

 \_\_\_\_\_\_\_\_\_\_ Milwaukee County Sheriff’s Office

**Date of Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name/Title of Person Requesting Information/Pupil Records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The above-named Agency, which has a legitimate interest in investigating child maltreatment, requests the following information/pupil records pursuant to the Interagency Agreement between the Milwaukee Board of School Directors, the Milwaukee Police Department, the West Allis Police Department, the Milwaukee County District Attorney’s office, the Division of Milwaukee Child Protective Services (DMCPS), and the Milwaukee County Sheriff’s Department regarding information-sharing during a child maltreatment investigation:**

**[CHECK ALL THAT APPLY]**

\_\_\_\_\_\_\_\_\_\_ Attendance Records

\_\_\_\_\_\_\_\_\_\_ School Social Worker Records

\_\_\_\_\_\_\_\_\_\_ Recent Individual Education Plans (IEPs)

\_\_\_\_\_\_\_\_\_\_ Pupil Health Records

\_\_\_\_\_\_\_\_\_\_ Reports of Internal Investigations Conducted by the School

\_\_\_\_\_\_\_\_\_\_ Identification of Classroom Teachers, Guidance Counselors, School Social Workers, and Other School Staff Who Work with the Pupil

\_\_\_\_\_\_\_\_\_\_ Behavioral Records

\_\_\_\_\_\_\_\_\_\_ Other, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The requesting Agency certifies that this request is within 60 days of a referral to the DMCPS of suspected abuse or neglect, and this information is being requested to further the investigation of the suspected abuse or neglect. The requesting Agency further certifies that the records will not be disclosed to any other person without the prior consent of the parent, except as permitted by law.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Requestor Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\***Signature of Principal, APIC, or Teacher Date

 Leader Upon Release of Information/Pupil Records

**\*This document must be maintained by the school with the records of the pupil.**

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