

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Somali

Nambarka taxanaha 505.2.3P La ansixiyey January 1978 Dib loo saxay May 2018

Ciwaanka **Oggolaanshaha Ka hor bixinta Macluumaadka ee gaarka ah loo leeyahay**  
**Hay'adda ka baxsan dugsiga**

**Waalidka / mas'uulka: Foomkan oggolaanayaa in macluumaad ku saabsan ilmahaaga in la isweydaarsan karo. Fadlan saxiix kuna soo celi dugsiga.**

Magaca ardayga oo buuxa \_\_\_\_\_

Taariikhda dhalashada \_\_\_ - \_\_\_ - \_\_\_

Dugsiga \_\_\_\_\_ Fasalka \_\_\_\_\_

Magaca waalidka/mas'uulka \_\_\_\_\_

Adreeska waalidka / wakiilada \_\_\_\_\_

Waxaan fasaxayaa \_\_\_\_\_

Magaca dugsiga degmada iyo / ama nambarka iyo qofka mas'uul ka ah

adreeska		
magaalada	gobolka	sib koodhka
lambarka taleefanka	email	lambar fax ah

(Calaame sida hadba loogu baahdo) \_\_\_\_\_ inay warbixintan siin karaan: \_\_\_\_\_ Macluumaad laga heli karo:

magaca	jagada	
hay'adda		
adreeska		
magaalada	gobolka	sib koodhka
lambarka taleefanka	email	lambar fax ah

The purpose for the request \_\_\_\_\_

Diiwaanada dugsiga ayuu eegi karaa waalidka / mas'uulka, ama ardayga 18 jir ah ama ka weyn. Koobi ka mid ah foomkan oggolaanshaha haddii la codsado ayaa la bixin doonaa. Fadlan siidaa kuwa soo socda:

- |   |  |
|---|--|
| <input type="checkbox"/> Natiijooyinka baaritaanka iyo macluumaadka kale ee ku jira buugga tusaha faylka wadareed       | <input type="checkbox"/> Wararka shaqada bulshada                                      |
| <input type="checkbox"/> Xadgudub ee Kiimikada iyo warbixin ku tiirsanaanta   | <input type="checkbox"/> Wararka dhimirka  |
| <input type="checkbox"/> Diiwaanka Caafimaadka  | <input type="checkbox"/> Warbixinta Caafimaadka (oo ay ku jiraan adeegyada la xiriira) |
| <input type="checkbox"/> Macallinka, la-taliyaha, indhaynta shaqaalaha  | <input type="checkbox"/> Wararka nafsaaaniga   |
| <input type="checkbox"/> Diiwaanada daraasadda Caruurta / waxbarashada gaarka ah (oo ay ku jiraan adeegyada la xiriira) | <input type="checkbox"/> Kale (tilmaam) _____  |
|   | <input type="checkbox"/> Kale (tilmaam) _____  |

Waxaan fahamsanahay ansixintan ka bilaabanayo maalintii aan saxiixin. Waxaa egyahay \_\_\_\_\_  
(Bisha, maalinta, sanadka)

ama wax ka badan hal sanno laga bilaabo taariikhda aan saxiixiisa. Waxaan sidoo kale fahamsanahay in aan ka beddeli karo ogolaashadaan waqti walba anigoo ogaysiinaya maamulaha dugsiga ama xubin ka tirsan shaqaalaha kor lagu qorey. Waxaa laga yaabaa in aan diido in aan saxiixo ansixintan iyo mana saamayn doonto awoodda ilmahaaga ay u helaan adeegyada waxbarashada. Waxaan fahamsanahay in xaq u leeyahay koobi ka mid oggolaanshaha. Waxaan fahamsanahay in sharciyada ah in ay ilaaliyaa macluumaadka la shaaciin karta iney u oggolaadaan ama aad u baahan dib-u-bixinta macluumaadka, laakiin kaliya sida sharciga ogol yahay.

BAYAANKA HIPAA : Haddii foomka oggolaanshaha ogol yahay in la sii daayo "macluumaad kaaga caafimaadka ee badbaadsan" (PHI) sida lagu qeexay Caymiska Caafimaadka Qaadashada iyo sharciga (HIPAA), Waxaan fahamsanahay in siidaynta dib ee PHI adeeg helaha mar dambe la ilaaliyaa laga yaabaa HIPAA. Daaweynta, bixinta, diiwaan gelinta ama xaq u yeelashada ee manfacyada ka socda qorshe caafimaad ama bixiye daryeel caafimaad waxaa laga yaabaa in in aan lagu qaadanin xaaladdii helitaanka oggolaanshaha.

Saxiixa waalidka / mas'uulka / ardayga 18 jir ama ka weyn  
Koobi sax ah sida asalka ah.

Taariikhda

**Koobi:** \_\_\_ Faylka Daraasadda Caruurta (haddii mid ka mid ah jiro) \_\_\_ faylka Iskujirka \_\_\_ Kuwo kale \_\_\_\_\_  
Procedures/505.2.3P/5-18-18