

AUTHORIZATION FOR RELEASE AND USE OF HEALTH INFORMATION

| Student Name: | Date of Birth: | |
|--|--|--|
| I authorize the release of the above-name | - | - |
| From: to (I | | |
| Address: | Attention (Contact Person): | |
| City, State, Zip: | Address: | |
| The released information will be used to | for the following purposes (please o | heck all that apply): |
| ☐ Educational ☐ Legal ☐ Medical | □ Personal □ Other | |
| Specific information to be released (pleased) | | t dates to |
| Complete Records | Consultation Reports | Psychological Reports |
| | | Discharge Summary |
| Physical/Occupational Therapy | | Immunization Records |
| Records | Special Education Records | Progress Notes |
| Speech/Language Reports | Other | |
| made prior to the revocation. I understand that the health care provider is school/district. I also understand that the rel may be forwarded to another school in whici information in compliance with the Family E. Signing this release is voluntary. Refusing the education for the student. However, the appropriate plan of education, learning according to the it confidential, the information may no long 1996, or any other state of federal law. I understand that I have a right to receive a care by my signature below, I authorize the release of | eased medical records may become part he the student seeks or intends to enroll. Educational Rights and Privacy Act (FER to sign it will not affect the school or disrequested records may be required in mmodations/modifications, and or health above information to any individual or ger be protected by the Health Insurance opy of this form after signing and I may | of the student's educational records and The school and district will protect this (PA). strict's commitment to provide a quality order for the school to implement an care. entity that is not legally required to keep be Portability and Accountability Act of inspect the information that is disclosed. |
| understandings above. Signature of Parent/Legal Guardian/Student and Student | at age of Majority | Date |
| 2-gament of 1 mone Dogar Sundani Student | | |
| Authorization Expires: | | |
| Date | | |
| Copy to Parent(s) | | |

Rev. 09/09; CR00020