

## Permission to Obtain & Release Information

Dear Parent:

In order to obtain and release information regarding your child, \_\_\_\_\_, please complete and return this form. We make this request in order to best meet your child's needs. If you have any questions, my contact information is provided below.

<b>Name &amp; Title of Contact Person</b>	<b>Address</b>
<b>Phone</b>	<b>Email</b>

<b>I, the undersigned, hereby request and authorize:</b>	
School District or Public Agency:	
Address:	
School District or Public Agency Contact Person:	

<b>To release to or obtain from:</b>	
Agency:	
Address:	
Agency Contact Person:	

<b>Information Provided for:</b>	
<b>Name of Child:</b>	<b>Date of Birth:</b>

<b>Information Requested:</b>
<input checked="" type="checkbox"/> Official child academic/administrative records (identifying information, grade level completed, grades, group aptitude and achievement assessment results and special education section 504 information including recommended accommodations, if applicable and behavior plans, needs or services if applicable)
<input type="checkbox"/> Medical and/or related health records, including:
<input type="checkbox"/> Other (specify):

<b>Purpose of Disclosure</b>

**\* This permission is valid for one year from the date signed. A copy of this form is as effective as the original.**

*I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that health records, once received by the school district or public agency, may not be protected by the HIPPA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA). I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to receive services.*

<b>Signature</b>	<b>Relationship</b>	<b>Date</b>