

Authorization of Release/Request of Information

I hereby authorize _____ to disclose the following information from the records of:
Agency/Business _____

Youth's Name _____ Birth date: _____

Parent/Guardian Name _____

Address _____ Telephone # _____

City, State, Zip Code _____

The purpose and need for such disclosure is:

_____ Determination of Eligibility _____ Educational Planning _____ Other (explain): _____

I understand: 1) I have the right to withdraw my consent at any time; 2) I have the right to inspect and copy the information to be shared; 3) That if I do not give my consent to share information the agencies may not be able to determine the best services available for my child and family; and 4) I am providing my consent voluntarily and I understand the information on this form.

I give my consent as Parent/Guardian to share the information I have initialed. (Please initial)

_____ Psychological Reports
_____ Special Education Reports
_____ Educational Reports
_____ Medical Reports
_____ Other: _____

I give my consent to the following school/agency: (Please initial)

_____ School District: _____

_____ Agency: _____

Unless otherwise stated, this release is valid for one year from _____ to _____

Information shared by the agencies listed above will not be disclosed to anyone else without written consent of the parent/guardian.

Parent/Guardian Signature

Relationship to child

Date

Youth Signature (when appropriate)

Date

Please return completed form to:

Name: _____

Address: _____
