|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AUTHORIZATION TO RELEASE/REQUEST INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1)** | |  | | | | | | | | | |  | |  | | | | | |  | | |  | | | | | | | |
|  | | STUDENT NAME | | | | | | | | | |  | | AGE | | | | | |  | | | BIRTHDATE | | | | | | | |
|  | |  | | | | | | | | | |  | |  | | | | | |  | | |  | | | | | | | |
| DATE OF REQUEST | | | | | | | | | | | |  | |  | | | | | |  | | | SOCIAL SECURITY NUMBER | | | | | | | |
| **2) If SENDING Information:** | | | | | | | | | | | | | | | | | **3) If REQUESTING information:** | | | | | | | | | | | | | |
| I Hereby authorize: | | | | | | | | | | | | | | | | | I Hereby authorize: | | | | | | | | | | | | | |
| Intermediate Unit 1 | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |  | | Name | | | | | | | | | | | | | |
| One Intermediate Unit Drive | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |  | | Address | | | | | | | | | | | | | |
| Coal Center, PA 15423 | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |
| City/State/Zip Code | | | | | | | | | | | | | | |  | | City/State/Zip Code | | | | | | | | | | | | | |
| **To release information to:** | | | | | | | | | | | | | | |  | | **To release information to:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | Intermediate Unit 1 | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |  | | Name | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | One Intermediate Unit Drive | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |  | | Address | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | Coal Center, PA 15423 | | | | | | | | | | | | | |
| City/State/Zip Code | | | | | | | | | | | | | | |  | | City/State/Zip Code | | | | | | | | | | | | | |
| **4) SPECIFIC INFORMATION TO BE RELEASED: (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Attendance Reports | | | | | |  | Report Cards | | | | | | | | | |  | Social History | | | | | | | |  | | Medical Reports | |
|  | Psychological Evaluation | | | | | |  | (Re)Evaluation Report (ER or RR) | | | | | | | | | |  | Discharge Summary | | | | | | | |  | | Physical Examination | |
|  | Psychiatric Evaluation | | | | | |  | Individual Education Program (IEP) | | | | | | | | | |  | Behavior Reports | | | | | | | |  | | Progress Reports | |
|  | Psychoeducational Report | | | | | |  | Immunization/Health Record | | | | | | | | | |  | Other: (specify): | | | | | | |  | | | | |
|  | Telephone and written communication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5)** | | | **Purpose for Release of Information:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **6)** | | | I understand that this information may include information related to testing, psychiatric diagnosis, drug and alcohol abuse, legal proceedings, AIDS, and/or HIV testing. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | I certify that I have read and understand the preceding statements. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Signature: (age 14 or older) | | | | | | | | | |  | | | | | | | | | | |  | Date: | | |  | | | | | |
| Parent/Guardian Signature: | | | | | |  | | | | | | | | | | | | | | |  | Date: | | |  | | | | | |
| Witness: | | | |  | | | | | | | | | | | | | | | | |  | Date: | | |  | | | | | |
| **AUTHORIZATION VALID ONE YEAR UNLESS REVOKED BY WRITTEN OR VERBAL REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Sent | | | | |  | | | |  | |  | | | | | Information Sent | | | | | | | |  | | | |  | |  |
|  | | | | | Initials | | | |  | | Date | | | | |  | | | | | | | | Initials | | | |  | | Date |