Charles F. Mahoney, Jr.
Executive Director

Fayette-Greene-Washington
Intermediate Unit 1
One Intermediate Unit Drive
Coal Center, PA 15423-9642
Telephone 724-938-3241 Fax 724-938-8722
www.iu1.org

AUTHORIZATION TO RELEASE/REQUEST INFORMATION

1) _____ _____ _____
STUDENT NAME | AGE | BIRTHDATE

_____ _____
DATE OF REQUEST | SOCIAL SECURITY NUMBER

2) If SENDING Information:

I Hereby authorize:

Intermediate Unit 1 – Greene Service Office
Name

300 North Street
Address

Waynesburg, PA 15370
City/State/Zip Code

To release information to:

_____
Name

_____
Address

_____
City/State/Zip Code

3) **If REQUESTING information:**

I Hereby authorize:

_____
Name

_____
Address

_____
City/State/Zip Code

To release information to:

Intermediate Unit 1 – Greene Service Office
Name

300 North Street
Address

Waynesburg, PA 15370
City/State/Zip Code

4) SPECIFIC INFORMATION TO BE RELEASED: (Check all that apply)

___ Attendance Reports	___ Report Cards	___ Social History	___ Medical Reports
___ Psychological Evaluation	___ Evaluation Report (ER)	___ 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

Revised 6/19/09

Intermediate Unit 1 does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification in its educational programs, activities or employment practices