

## Intermediate Unit 1

Serving Fayette, Greene, and Washington Counties

One Intermediate Unit Drive | Coal Center, PA | 15423 Phone: 724.938.3241 | Fax: 724.938.6665 www.iu1.org

## Dr. Donald W. Martin Executive Director

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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) \_\_\_ Report Cards \_\_\_ Social History Attendance Reports Medical Reports \_\_\_ Physical Examination \_\_\_ Discharge Summary Psychological Evaluation (Re)Evaluation Report (ER or RR) Progress Reports Psychiatric Evaluation \_\_\_\_ Individual Education Program (IEP) \_\_\_\_ Behavior Reports Psychoeducational Report Immunization/Health Record Other: (specify): Telephone and written communication **Purpose for Release of Information:** I understand that this information may include information related to testing, psychiatric diagnosis, drug and alcohol abuse, 6) legal proceedings, AIDS, and/or HIV testing. I certify that I have read and understand the preceding statements. Student Signature: (age 14 or older) Parent/Guardian Signature: 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

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Date