AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL STUDENT INFORMATION

Student's Name: _____ ID #: _____ Birth Date: _____
Parent/Guardian Name: _____
Parent/Guardian Address: _____
Street City State Zip Code

A. The names of parties authorized to exchange information:

I authorize: _____
Name *Title*

_____
Organization

_____
Address

_____
City *State* *Zip Code*

(Check either box or both, as needed)

☐ to release information :

☐ to obtain information from:

_____
Name

_____
School/District

_____
Address

_____
City *State* *Zip Code*

It is intended that this Authorization meets the requirements under the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

B. Information to be released:

☐ official school record ☐ health record

☐ counseling record ☐ psychological records

☐ special education record ☐ teacher, counselor, and staff observations

☐ chemical abuse/dependency report ☐ medical report

☐ transcripts ☐ social work report

☐ other (specify) _____

C. The purpose of this request:

_____

_____

_____

D. Effective date of authorization:

This authorization takes effect the day you sign it, and:

☐ expires after the requested information is received.

☐ continues until _____ (a date not to be more than 12 months after signature date).

By signing this authorization, I understand that the parties named above are permitted to exchange written and verbal information regarding my child. The parties may also accept a photocopy of this release form and give it the same full force and effect as the original. I further understand that I may revoke this authorization in writing at any time by providing a copy of my revocation to the parties named on the front page of this release. The information used or disclosed under this release might be disclosed by the school as an education record, pursuant to FERPA, and might no longer be protected by HIPAA.

_____ _____

Parent/Guardian Signature *Date*

**If signed by Guardian, please set forth the Guardian's authority to act for Student:* _____

_____

_____