

RELEASE OF INFORMATION

Child's Name:		School District:		Date of Birth:	
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To plan and provide the best care for your child and family, various professionals will need to share important information. This information will be used to help decide if your child is eligible for services and to coordinate these services with other agencies. This voluntary form authorizes these professionals to share the information you would like shared. Information shared may be verbal or written.

AGENCIES AUTHORIZED TO EXCHANGE INFORMATION INCLUDE:

PARENT/GUARDIAN – Please initial next to and list the names, addresses and phone numbers of the above agencies for which information will be exchanged.

Initial	Agency	Contact Person	Address	Phone Number
	Barry-Eaton Health Dept			
	Eaton Intermediate SD			
	Community Mental Health			
	Pediatrician/Family Doctor			
	Equipment Vendor			
	Neurologist			
	Orthopedic Clinic			
	Orthotist/Prosthetist			
	Other:			

RECORDS TO BE DISCLOSED:

<input type="checkbox"/> CA60	<input type="checkbox"/> IEP/MET Report	<input type="checkbox"/> Psychologist/Psychiatrist	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Physical Therapy Reports	<input type="checkbox"/> Occupational Therapy Reports	<input type="checkbox"/> Teacher Anecdotal
<input type="checkbox"/> Academic/Grades	<input type="checkbox"/> Attendance	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Treatment Reports
<input type="checkbox"/> Equipment Consultation	<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>

RELEASING AND RECEIVING PARTIES - I, the undersigned, give my permission to:

Releasing Agent	Address (Street/City)	Phone Number

To release the above information to:

Requesting Agent	Address (Street/City)	Phone Number

NON-SCHOOL RECEIVING PARTY: The information released is protected under the Family Educational Rights and Privacy Act of 1974 which prohibits your disclosure to any other party without the written consent of the parent or eligible student excepts as permitted by law and may only be used by you for the purpose for which the disclosure was made.

NON-SCHOOL RELEASING PARTY: Released information may become a part of the educational record of the student and then will be available for parental review.

This request applies only to those records existing on the date of signature. I will be provided a copy of the disclosed information at a nominal fee, if I so request.

This consent form expires one year from the date below, unless revoked by me in writing.

Signature of Parent, Guardian and/or Eligible Student

Date