CHARTIERS VALLEY
SCHOOL DISTRICT | Inspiring excellence.

Legal Release Form

I, _____, parent/guardian of _____, hereby authorize the Chartiers Valley School District, to obtain from, release to, and communicate with:

Name: _____

Agency: _____

Address: _____

Phone: _____

regarding information from my child's records including:

_____ Psychological evaluation
_____ Psychiatric evaluation
_____ Neurological evaluation
_____ Social work reports
_____ Medical history/evaluation
_____ Treatment/aftercare plan
_____ Discharge summary
_____ Juvenile probation
_____ School reports, academic record standardized test data, anecdotal behavioral information
_____ ER/IEP/Service Agreement(504)
_____ Two-way communication
_____ Other _____

for the purpose of _____. This consent will begin with the date of the authorization and will expire _____, unless revoked by me in writing. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Pupil Personnel Department of the Chartiers Valley School District. I understand that this revocation will not apply to information that has already been released. I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of this release. All information released will be handled confidentially in compliance with the Federal Privacy Act and the Pennsylvania Mental Health Procedures Act.

I, the undersigned, have been informed of my rights subject to section 7100-111.3 of the Pennsylvania Mental Health Procedures Act and subject to the Pennsylvania Drug and Alcohol Abuse Control Act, to inspect the material to be released.

_____ _____
Signature of witness Signature of parent or guardian

_____ _____
Date of authorization Signature of student (14yrs of age or older)

_____ copy given to _____

THIS INFORMATION IS FROM RECORDS PROTECTED UNDER FEDERAL CONFIDENTIALITY REGULATIONS. THESE REGULATIONS PROHIBIT 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. A GENERAL AUTHORIZATION FOR RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT.