SHEPAUG VALLEY REGIONAL SCHOOL DISTRICT NO. 12
Bridgewater - Roxbury - Washington

AUTHORIZATION FOR RELEASE OF INFORMATION

Please release the records of:_____D.O.B._____

Address:_____ Curent Grade:_____

City:_____State:_____ Zip:_____

Parent/Guardian(s):_____Phone:_____

I hereby authorize the following schools to exchange education and/or health records:

School:	**School:**
Contact:	**Contact:**
Street:	**Street:**
City/State/Zip:	**City/State/Zip:**
Phone:	**Phone:**

The educational information requested consists of:

____ Academic records
____ Attendance records
____ Discipline records

The health information requested consists of:

____ Medical information and records
____ Psychological Records
____ Other (such as; I.E.P or 504) _____

This information will be used for the following purpose(s):

____ Educational evaluation and program planning
____ Health assessment and planning for health care services and treatment in school
____ Medical evaluation and treatment
____ Other_____

Authorization

This authorization is valid for one calendar year. It will expire on _____. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent/Guardian Signature: _____ Date:_____

Student Signature if 18 or older *: _____Date:_____

*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Connecticut, a competent minor, depending on age, can consent to outpatient mental health care, alcohol, and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

Copies: Parent/Guardian or Student
School official requesting/receiving the educational and/or protected health information
Physician or healthcare provider releasing the protected health information.

Rev: 10/2019