Joe Chaddock
Superintendent

6057 Strip Avenue NW
North Canton, OH 44720

Vision - Service - Leadership

www.starkcountyesc.org

James Carman
Treasurer

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Consent for Records Release

TO: _____ **Child's Name and (DOB):** _____
_____ **Child's Address:** _____
_____ _____

A. You are authorized to release records of the above-named child to:

Stark County Educational Service Center **OR** **Fax to Penny Latham at:**
ATTN: Penny Latham **330-445-2288**
6057 Strip Ave NW
North Canton, OH 44720

Specific records to be released from the **last 12 months**:

_____ Physical Therapy evaluations/reevaluations and progress notes
_____ Occupational Therapy evaluations/re-evaluations and progress notes
_____ Speech Therapy evaluations/re-evaluations and progress notes
_____ Audiograms and corresponding audiology reports
_____ Vision evaluations/reevaluations and progress notes
_____ Multi-disciplinary Feeding and Swallowing Team evaluations/re-evaluations and progress notes
_____ Swallowing Study results

B. Reason for request:

_____ To aid in present and future educational decisions
_____ To share relevant information with educational staff in order to provide appropriate educational accommodations, modifications, and therapy sessions.

Comments:_____
_____
……..

This authorization expires one year from the date of signature, OR on this date: _____

I understand the receipt of services does not depend on me signing this authorization.

I understand that my child's/my ward's medical report might have information about sexually transmitted diseases (STDs), acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It might also have information about mental health problems or services, and/or treatment for alcohol or drug abuse.

I understand that if I release records to someone other than a doctor, insurance company, hospital or other health-related organization, these records may no longer be protected by the Federal privacy regulations, and this person or organization might release the records to someone else, except as prohibited by 42 CFR Part 2 or other applicable law.

I understand that I can revoke or cancel this Authorization at any time, but this does not apply to records that we may have already released. If I want to revoke it, I must notify Stark County ESC Related Services, in writing, at Stark County Educational Service Center, 6057 Strip Ave NW, North Canton, OH 44720.

_____ _____ _____
Signature of Parent/Legal Guardian Relationship to student Date