



***AUTHORIZATION for RELEASE of INFORMATION***

Date: \_\_\_\_\_

Concerning: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**The undersigned hereby authorizes the release and exchange of information and records between Danville Independent School and the following persons or agencies.**

- \_\_\_ Cabinet for Families & Children
- \_\_\_ New Vista
- \_\_\_ Sunrise Family Services
- \_\_\_ Juvenile, District or Circuit Court of \_\_\_\_\_
- \_\_\_ The Ridge Behavioral Hospital
- \_\_\_ EMRMC
- \_\_\_ Kids Can Do
- \_\_\_ Danville Pediatrics
- \_\_\_ Other: \_\_\_\_\_

**Information may include:**

- \_\_\_ Full name and other identifying information of child and family.
- \_\_\_ Medical Records
- \_\_\_ Diagnostic/ assessment information including psychological or psychiatric reports and other evaluations
- \_\_\_ Educational records including grades, attendance and discipline records.
- \_\_\_ Special Education: program & placement information, evaluations, current I.E.P., consent for evaluation and placement
- \_\_\_ Behavioral observations, treatment plans, or treatment progress notes.
- \_\_\_ Other: \_\_\_\_\_

It is understood that this authorization for release of information is subject to revocation at any time and will, without prior revocation, expire one calendar year after the date it is signed. Information obtained under this release may become a permanent part of educational records and will be subject to protection or release according to Federal and State regulations. If you have any questions, please contact Amy Robbins, Director of Special Education, at 859-936-8501.

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian      Date      Signature of Student (over 18)

\_\_\_\_\_  
Witnessed By      Date