



Department of Student Services
24365 Hilliard Blvd.
Westlake, OH 44145
440-871-7300

RELEASE OF INFORMATION (TWO-WAY)

I, \_\_\_\_\_, authorize
(Parent/Guardian Name)
\_\_\_\_\_ and
(Agency)
\_\_\_\_\_ of
(WCS Staff Member)

Westlake City Schools to release to each other, for the purpose of making present and future educational decisions, information regarding:

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

- \_\_\_ Permanent Files/Cumulative Records
\_\_\_ Medical and Health Records
\_\_\_ Individual Psychological/Speech and Language Records
\_\_\_ Evaluation Team Report
\_\_\_ Individualized Educational Plan
\_\_\_ Other: Assessment and/or progress data \_\_\_\_\_

Contact Information of Agency/Provider:

Contact's Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Information of Westlake School's Designee:

Contact's Name: Department of Student Services Staff Agency Name: Westlake Schools

Address: 24365 Hilliard BLVD Westlake, OH 44145

Phone Number: 440-250-1264 Fax: 440-871-6034 Email: studentservices@wlake.org

\*\* All information will be released directly to the outside agency/doctor/etc.\*\*

EXPIRATION AND REVOCATION

This authorization may be revoked at any time except to the extent that the district has already released personal health and/or other personally identifiable information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact Jane Perry at 440-250-1264. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

SIGNATURE AND ACKNOWLEDGEMENT

I acknowledge that this authorization is voluntary and that I have received a copy of this authorization.

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

If a personal representative (for example, a spouse, parent, legal guardian, etc.) signs this form on behalf of the individual identified in Section I, please complete the following:

Representative's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_