AUTHORIZATION FOR RELEASE OF INFORMATION

Student: _____ ID: ___ Date: _____

School: _____ Grade: ____ DOB: _____

Parent/Guardian Name and :

Authorizes: _____ _____

District Name / Number Staff Person Responsible

_____ _____

School Responsible Address

☐ to release the specific information identified below ***to***:
☐ to obtain specific information identified below ***from***:

_____ _____

Name of individual or entity, Title Organization

_____

Address

_____ _____

Phone Fax

☐ Health Record	Created between _____ and _____
☐ Medical Reports	Created between _____ and _____
☐ Chemical Abuse/Dependency Report	Created between _____ and _____
☐ Psychological Reports	Created between _____ and _____
☐ Psychiatric Report	Created between _____ and _____
☐ Teacher, Counselor, Staff Observations	Created between _____ and _____
☐ Special Education Records	Created between _____ and _____
☐ Social Work Report	Created between _____ and _____
☐ Others *(specify)* _____	Created between _____ and _____
☐ Others *(specify)* _____	Created between _____ and _____

For the purpose of:

I understand this authorization:

- takes effect the day I sign it,
- cannot exceed one year, and expires either:
  - ☐ _____
  - ☐ one year from the date of my signature,

- **can be stopped any time by sending a written request to:**

Phone:
Fax:

I further understand:

- I may refuse to sign this authorization and it will not affect my child's ability to receive educational services,
- the laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law, according to the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Minnesota Government Data Practices Act (MGDPA or Minnesota Statutes, Chapter 13);
- a copy of this release form is as valid as an original, and
- I will receive a copy of this authorization.

Signature: _____ **Date:** _____

Parent, legal representative, or student (mm/dd/yyyy)

April 2013