



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