



AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I, *(Name of Parent/Guardian)* _____, hereby authorize The Woodstock Academy to OBTAIN and RELEASE the following information regarding *(Name of Student)* _____, *(Student Date of Birth)* _____, to collaborate and/or receive information with/from *(Provider Name, Contact Info, and Address)*:

_____ for the specific purpose of coordination of educational services:

Please ***check*** the following item(s) to be released:

- | | |
|---|---|
| ☐ Educational Record | ☐ Summary of Mental Health Treatment |
| ☐ Treatment Plan | ☐ Discipline/Attendance Record |
| ☐ Dates of Treatment Admission/Discharge | ☐ Discharge plan (including Diagnosis) |
| ☐ Medical Records | ☐ Psychiatric/Psychological Records |
| ☐ Special Education and Evaluation Records | ☐ Coordination of Services |

The confidentiality of this record is required under Chapter 899 of the Connecticut General Statutes as well as Title 42 of the United States Code. This material should not be transmitted to anyone without the client's written consent or authorization as provided for in these statutes.

I understand that I may revoke this consent at any time unless it has already been executed. This consent, if not revoked, will expire 365 days from date of signature of consent. Otherwise, it will expire on: _____.

Signature of Parent/Guardian

Date

Signature of Witness

Date

Signature of Student (16 years or older, 14 or older for substance abuse)

Date