

# East Grand Rapids High School

An International Baccalaureate World School

Craig T. Weigel, Principal

Heather L. McKinney-Rewa, Assistant Principal

Chris R. Zylstra, Athletic Director

## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL STUDENT INFORMATION

STUDENT NAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BUILDING: \_\_\_\_\_

*I hereby authorize the release of the following information (check all that apply):*

- General Education Records
- Special Education Records
- Medical records – all records, writings, reports, case notes, treatment plans, evaluations and summaries relating to student's physical condition or treatment
- Psychological records – all records, writings, reports, case notes, treatment plans, evaluations and summaries relating to student's psychological condition or treatment
- Ongoing two-way written communication
- Ongoing two-way verbal communication
- Other (specify): \_\_\_\_\_

*The above-indicated student information may be shared between this provider:*

Name of Doctor/Practitioner: \_\_\_\_\_

Name of clinic/school: \_\_\_\_\_

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

City

State

Zip

*And this educational institution:*

C/O \_\_\_\_\_

East Grand Rapids High School

2211 Lake Drive SE

Grand Rapids MI 49506

(616) 235-7555

Fax: (616) 235-1651

*I understand that I can submit a written statement revoking or changing this release form at any time. This release form expires one year from that the date it is signed. Copies of this release form are as valid as the original.*

Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_