

LINCOLN INTERMEDIATE UNIT12 INFORMATION RELEASE FORM

I hereby authorize LIU12 and the following organizations as marked to release information to and receive information from:

	Children & Youth	<i>Please list all others below:</i>
	Juvenile Probation	
	Mental Health/Intellectual & Developmental Disabilities	
	Health Choices Management Unit	
	Drug and Alcohol Program	
	Service Access & Management (SAM)	
	School District	
	Lincoln Intermediate Unit	
	Community Care Behavioral Health (CCBH)	

From the record of: Student Name: _____ Date of Birth: _____
 Address: _____ City/State: _____ Zip: _____ School District: _____

The following information will be exchanged to assist professional personnel in helping my child in his/her educational placement and program (select all that apply):

<input type="checkbox"/>	Psychiatric / Psychological reports	<input type="checkbox"/>	Vocational skills assessment
<input type="checkbox"/>	Teacher observations / School records	<input type="checkbox"/>	Social History / Family Information
<input type="checkbox"/>	Progress Reports	<input type="checkbox"/>	Attendance Data
<input type="checkbox"/>	Medical Reports	<input type="checkbox"/>	Report Cards
<input type="checkbox"/>	Neurological Reports	<input type="checkbox"/>	Admission/Discharge Reports
<input type="checkbox"/>	IQ test scores, aptitude and achievement tests	<input type="checkbox"/>	Behavior Reports
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

This release is valid for 12 months from the date of signature and may be revoked by notifying the LIU12 Supervisor in writing or witnessed verbally. **I have read this form carefully and understand what it means.**

Signature of Student (age 14 and above)

Date

Signature of Parent or Guardian

(Relationship)

Date

Verbal release of information *if applicable (***)requires signature from two witnesses):* This section is to be used for consumers who are unable to provide a signature. We have witnessed that the consumer understands the nature of this release and has freely given his/her consent.

****Signature of Witness:* _____

In accordance with Pennsylvania Regulations: "This information has been disclosed to you from records whose confidentiality is protected by State Law. State regulations limit your right to make any further disclosure of this information without the prior written consent of the person to whom it pertains."