Foothill Special Education Local Plan Area

☑ Burbank Unified School District 1900 W. Olive Avenue Burbank CA 91506 Attn: Special Education	☐ Glendale Unified School District 223 N. Jackson Street Glendale CA 91206 Attn: Special Education	☐ La Canada Unified School District 4490 Cornishon Avenue La Canada CA 91011 Attn: Special Education	☐ Foothill SELPA 1700 E. Mountain Street Glendale CA 91207

AUTHORIZATION TO DISCLOSE OR RECEIVE INFORMATION*

Student Name _____ D.O.B._____

School _____ Grade_____

I hereby authorize disclosure of records and information for the student named above between:

Burbank Unified School District _____ and _____

School/Department — Agency/Service Provider

1900 W Olive Ave _____

Address — Address

Burbank, CA 91506 _____

This authorizes provider to furnish records and information pertaining to medical, mental or physical condition, services and/or treatment rendered. Disclosure shall be limited to the following:

- ☑ Diagnosis
- ☑ Discharge Summary
- ☑ IEP
- ☑ Medical Records
- ☑ Mental Health/Behavioral Reports
- ☑ Results of District Assessments
- ☑ Speech/Language Information
- ☐ Other _____

The requestor may use the records and type of information authorized only for the following purposes:

- ☑ Educational Planning
- ☐ Other _____

I understand that requestor may not further use or disclose the information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

This authorization shall become effective immediately and shall remain in effect for one calendar year.

I have received a copy of this authorization for my records. A copy of this authorization is as valid as the original.

_____ _____ _____

Signature of Parent/Guardian/Legal Representative — Relationship — Date

_____ _____

Signature of Pupil/Patient (when applicable) — Date

_____ _____

Person securing Authorization — Date

*This authorization is in compliance with the terms of the Family Education Rights and Privacy Act and the Confidentiality of Medical Information Act of 1981, Section 56, et. seq., California Civil Code.

Distribution: Agency/Service Provider; Originator; Parent

Foothill SELPA Form #17