Saddle Brook Public Schools

355 Mayhill Street, Saddle Brook, NJ 07663
Phone: 201-843-1142
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Authorization to Release Confidential Information

Student's Name:	
Student's Date of Birth:	
School's Name:	
School's Contact Person:	

I authorize the exchange of information described below between the Saddle Brook Public School District and the following agency and/or individual. (A new form must be created for each agency/individual.)

- ☐ Healthcare provider: _____ (name)
- ☐ Agency: _____ (name)
- ☐ Parent/ legal guardian (if minor consented to care): _____ (name)
- ☐ Other: _____

This authorization applies to the following information (check all that apply):

- ☐ Educational Data / IEP
- ☐ Social / Developmental
- ☐ Psychological
- ☐ Vision
- ☐ Speech / Language
- ☐ Audiological
- ☐ Medical
- ☐ Other: _____

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may cancel this authorization at any time by informing the Saddle Brook Public School District in writing. If you cancel your permission to allow the release of information, it will go into effect immediately moving forward.

Signature: _____ **Date:** _____

Relationship to student: _____