



Dr. Curt P. Vasas
Executive Director

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Permission for Exchange/Disclosure of Student Information

CIU10 Employee or Program: _____ Date: _____

Student Full Legal Name: _____ DOB: _____ Grade: _____

(Name used if other than legal name) _____ School _____

Reason for the exchange/disclosure of information: _____

I give my permission for verbal and/or written information regarding this student to be:

- ☐ Exchanged with
- ☐ Obtained from
- ☐ Disclosed/Sent to

Person/Agency: _____

Address: _____

Records and Information Permitted for Exchange/Disclosure:

- | | |
|---|---|
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Mental Health Diagnosis |
| <input type="checkbox"/> Grade Reports | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Disciplinary Records/Referrals | <input type="checkbox"/> Behavioral Reports, Functional Behavioral Analysis (FBA) |
| <input type="checkbox"/> Standardized Achievement Test Scores | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> ALL THE ABOVE |

Information to be disclosed to and received from:

Place: **Central Intermediate Unit 10**

Attn: _____

Address: **200 Shady Lane Suite 120 Philipsburg 16866**

This authorization is valid for: ☐ the duration of the services, ☐ 365 days, ☐ or until _____ ☐ from _____ (date of authorization signed)

The release of information as requested above is limited to the agency, company, or individual and to the dates and purpose stated above. It is held strictly confidential by the receiver. Re-disclosure of this information is prohibited by Federal Law. I understand that I may withdraw my authorization at any time.

Student Signature: _____ Date: _____

(If 14 years of age or older, student may sign without parent/guardian signature)

Printed Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

(If student is under the age of 14, parent/guardian must sign and student signature is not needed)

Printed Name: _____ Phone #: _____