

Student: _____ Date of Birth: _____
 School: _____
 Parent/Legal Guardian : _____
(if student is under 18/has court-appointed guardian or legally designated representative)

AUTHORIZATION

I recognize the need for the agencies and persons listed below to disclose information about my child/me for such purposes as determining eligibility for services, coordination of services and determination of benefits. Therefore, within the limitations established by my written instructions and initials entered below, I hereby authorize the following persons and/or agencies to disclose oral and/or written information about the student identified above for the purpose of educational planning. I am aware that I may refuse to give my consent to any of the persons or agencies listed without penalty.

AUTHORIZATION INSTRUCTIONS

(1) Indicate whether the agency/person may or may not disclose information by placing *your initials* in the “yes” column. **(2)** List the agencies or persons working with your child/you. **(3)** Look at the “Information Codes”. For each “yes”, list what information may be disclosed by the agency/person by writing the number(s) or “all”. If you have special instructions, i.e., only certain documents shared, or information released only to certain people, write them here. **(4)** Name agencies (using a-m or “all”) that will be involved in a cooperative effort in sharing information that will lead to better utilization of community resources to best meet student’s needs.

(1) YES (initial)	(2) Agency/Person	(3) Info codes(1-14)/instructions	(4) Interagency Sharing (a-m)
_____	(a) Primary Care Physician: _____	_____	_____
_____	(b) Integrated Services of Kalamazoo	_____	_____
_____	(c) _____	_____	_____
_____	(d) _____	_____	_____
_____	(e) _____	_____	_____
_____	(f) _____	_____	_____
_____	(g) _____	_____	_____
_____	(h) _____	_____	_____
_____	(i) _____	_____	_____
_____	(j) _____	_____	_____
_____	(k) _____	_____	_____
Parent(s) (list names if student is over 18):			
_____	(l) _____	_____	_____
_____	(m) _____	_____	_____

INFORMATION CODES

- | | | |
|--|--|-----------------------------------|
| 1 = Individual Education Plan (IEP) | 7 = medical reports | 13 = vocational summaries/reports |
| 2 = Individual Service Plan (ISP) | 8 = psychological reports | 14 = other _____ |
| 3 = Individual Plan for Employment (IPE) | 9 = initial assessment/evaluation report | _____ |
| 4 = speech therapy reports | 10 = progress reports | _____ |
| 5 = occupational therapy reports | 11 = discharge summary | _____ |
| 6 = physical therapy reports | 12 = social histories/reports | _____ |

Categories 1-2 do not include substance abuse information subject to federal confidentiality regulations, 42 CFR, Part 2, or information about serious communicable disease (HIV, AIDS, ARC, TB, Hepatitis). A separate release form is required to obtain this information.

Authorization to Disclose Information (Page 2 of 2)

I further understand that information exchanged as a result of this authorization will be shared only with those persons in an agency with a legitimate interest in such information. A person or agency receiving information under this release may subsequently share this information only as authorized by this release (i.e., for the purposes stated above and with those persons or agencies I have authorized to access this information.). My authorization is voluntary and shall be effective until _____ (not to exceed six/twelve months from the date this form is signed) or until I withdraw it in writing.

My signature verifies my authorization for information sharing and that I have read this form and/or have had it read to me and explained in language that I can understand.

Signature of Student or Parent/Guardian

Date signed

Student or Parent/Guardian to Place Initials Here _____

Authorization Obtained By:

Witness

Date Signed

To renew authorization: If authorization changes complete a new form.
If authorization remains the same (both in terms of person authorizing and content), check the box and sign below.

I renew my authorization date _____. This authorization will remain in effect
Until _____ or until revoked in writing.

Signature of Parent/Guardian

Date Signed

To withdraw consent, check the box and sign below.

I withdraw my consent for personal/agencies to share information as listed on the
Authorization to Share Information Form dated _____

Signature of Parent/Guardian

Date Signed

Periodic parent contacts to explore reconsideration of refusal to share information