



Authorization for Release of Information

Student: _____ DOB: _____

Regarding the above named student, I request and authorize verbal and/or written communication/record between:

Fairport Harbor Exempted Village School District AND:

Name of Organization: _____

Address: _____

Telephone #: _____

I understand that information concerning psychiatric, psychological, medical diagnosis, drug or alcohol abuse, economic status, and educational information regarding my child will be released and/or communicated if indicated below. I further understand that this information might contain information regarding my family, in addition to my child.

_____ Diagnosis/ Treatment Plans

_____ School-related Records

_____ Assessment / Discharge Summaries

_____ Progress Therapy Notes

_____ Health / Medical Records

_____ Coordination of services, care, evaluations

Other _____

I acknowledge that all information I authorize to be released or requested will be held strictly confidential and cannot be released by the recipient without an additional written consent. I understand this authorization will expire one (1) year after the date signed, or on (specified date) _____ whichever is earlier. A copy of this authorization is valid in lieu of the original. I further understand I may withdraw my consent in writing at any time. **FERPA NOTICE** Provisions of the Family Education Rights and Privacy Act (FERPA) require parental or Guardian permission in order to release non-directory information about students under 18 years of age. Those individuals 18 years of age or over may have information released upon the authorization of their signature. Fairport Harbor Schools will provide copies of records at the request of another school district where students seek or intends to enroll. Records from other sources (i.e. letters from non school staff members, hospital reports or outside assessment agencies, etc.) which are used in educational planning and have been placed in the students record at the request of the parent will be forwarded.

(Print Name of Parent/ Guardian)

(Relationship)

X

(Signature of Parent/Guardian or student if age 18 or older)

(Date)

(USE THIS SPACE BELOW IF CONSENT IS WITHDRAWN)

I hereby withdraw my previous consent to the release of information about my child.

(Consent Is Withdrawn Signature of Parent / Guardian)

(Date)