



FOREIGN EXCHANGE STUDENT AUTHORIZATION FOR RELEASE / EXCHANGE OF INFORMATION

Student Name _____

Student Birth Date: _____

Parent/Guardian Name(s): _____

Agency Representative / Agency Name: _____

I hereby authorize the exchange of communications and the release/exchange of the following records or confidential information concerning the student named above between Hinsdale Township High School District 86 its agents and employees and the agency and its representatives named above.

	Transcript or Academic Records		English Proficiency Records
	Progress Reports / Grades		Guardianship Records
	Health Records		Residency Verification Records
	Immunization Records		Attendance and Behavior Records
	Testing Records		504 Plan (if applicable)
	Attendance and Behavior Reports		IEP Records/Evaluations (if applicable)

Parent/Guardian Signature

Parent/Guardian Signature: _____ Date: _____

Student Signature

Student Signature: _____ Date: _____

* NOTE: Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the Health Insurance Portability and Accountability Act ("HIPAA").