



**Special Services Department**

12601 McCann St. Southgate, MI. 48195

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Rici Shovein, Director of Special Services

Joe Manzella, Special Services Supervisor

**AUTHORIZATION TO RELEASE INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

I authorize the Southgate Community School District to **disclose/request** information in my records to/from:

\_\_\_\_\_  
Name of Individual or Facility

\_\_\_\_\_  
Address of Individual or Facility Telephone

Check Specific Information to be Released/Requested:

- |  |   |
|--|---|
| <input type="checkbox"/> Psychological Testing       | <input type="checkbox"/> Intake and Discharge Summary |
| <input type="checkbox"/> Academic Testing            | <input type="checkbox"/> Psychiatric Evaluations      |
| <input type="checkbox"/> Speech and Language Testing | <input type="checkbox"/> Medical Test Reports         |
| <input type="checkbox"/> Social Work Evaluation      | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> IEP, MET, Evaluation Review | <input type="checkbox"/> Other _____                  |

The Purpose and Need for Such Disclosure/Request: Educational Planning

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to the Department of Special Services. Information may have already been released based on this original authorization. We will not release any additional information after we receive your revocation. We will not condition treatment or payment based on this authorization unless otherwise allowed by law.

The requested information will be disclosed as provided by this authorization. This information may be subject to re-disclosure by the recipient and may no longer be protected. This authorization will **expire in 90 days from the date set forth below**, or for the following specified reasons:

Condition: \_\_\_\_\_ Date: \_\_\_\_\_ Event: \_\_\_\_\_

\_\_\_\_\_  
Client/Parent/Guardian Signature Date

\_\_\_\_\_  
Witness Date

**A PHOTO COPY OR FACSIMILE OF THIS AUTHORIZATION WILL BE  
CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL**