



San Juan Unified School District

4825 Kenneth Avenue, Carmichael, CA 95608
P.O. Box 477
Carmichael, CA 95609-0477
Telephone: (916) 971-7525 Fax: (916) 971-7532

Authorization for Exchange of Confidential Information

Student Name: _____ Student ID#: _____ Date of Birth: _____

By signing this authorization, I am consenting to the exchange of information between:

	San Juan Unified School District - Special Education
Agency	Agency 3738 Walnut Avenue
Address	Address Carmichael, CA 95608
City, State, Zip Code	City, State, Zip Code 916-971-7700
Telephone Number	Fax Number

Disclosure of information shall be limited to:

- | | |
|--|---|
| ☐ Entire record (excludes HIV & Drug/Alcohol information) | ☐ Psychological reports |
| ☒ School information/Educational records | ☐ Psychiatric assessment |
| ☐ Psychosocial information | ☐ Discharge summary |
| ☐ Treatment plan & progress | ☐ Other: _____ |
| ☒ Medical/Health information | |

Disclosing this information is for the following purposes:

- | | |
|--|---------------------------------------|
| ☒ Educational assessment | ☐ Other: _____ |
| ☒ Educational planning | (Be specific) _____ |
| ☐ Treatment planning | _____ |

Expiration

This authorization shall remain valid until _____ IEP Initial is affirmed/attested
(must be no longer than a year from date of signature)

Your Rights

I understand that I have a right to receive a copy of this authorization. I have the right to refuse to sign this form. I understand that I may revoke or modify this consent at any time by providing written notice. Written revocation will be effective upon receipt but will not apply to information that has already been released in response to this authorization.

Restrictions

I understand that the health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and it is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public educational agency is protected as a student record under the Family Educational Rights and Privacy Act (FERPA).

Approval

A copy of this authorization is valid as an original.

Signature of Parent/Guardian

Relationship to Student

Date

Signature of Student

Date