Union County Educational Services Commission
45 Cardinal Drive
Westfield, New Jersey 07090
Phone: 908-233-9317

AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

Student's Name: _____ DOB: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Recipient/Informant: Please indicate below the name and address of the school, District staff, agencies, medical facility, or individual who is to receive/provide the records/information. **Please complete one form for each individual/organization with who you are authorizing a release or obtainment of information.**

Name:		
Organization:		
Address:		
Phone:		
Fax:		
Website/ e-mail:		

_____ Permanent Record (per Section 4.4 of Rules & Regulations)

_____ Child Study Team Records

_____ Discipline Records

_____ Health Records/Original A-45

_____ Speech and Language Evaluation

_____ Neurological/Neurodevelopmental Evaluation

_____ Verbal and written communication between therapists, parents, and District staff

_____ Other:

I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of the student's time with Union County Educational Services Commission, however refusal to sign allowing UCESC to obtain the needed records may delay the student's start date.

I understand that this Authorization will remain in effect until the student is no longer attending UCESC or provide a written notice of revocation to UCESC Central Office 45 Cardinal Dr. Westfield, 07090.

I have read and understand the terms of the Authorization and I have had an opportunity to ask questions about the use and disclosure of the records. By my signature below, I hereby, knowingly and voluntarily, authorize UCESC to use or disclose the information.

Signature of Parent Date

Signature of Adult Student (if applicable) Date