

Northfield Community School District

2000 New Road, Northfield, New Jersey 08225

District Website: www.ncs-nj.org

609-407-4012

Authorization to Release and/or Obtain Records or Information

Date: _____

Student: _____ DOB: _____

I hereby authorize: Northfield Community School
2000 New Road
Northfield, NJ 08225

To: ☐ Obtain Information / Records from
☐ Release Information / Records to
☐ Discuss Treatment with

From/To Person or Organization:

I understand the information to be exchanged may include:

Child Study Team Reports and/or evaluations
School Records
History and Diagnosis and Treatment Records
Reports and Consultations
Diagnostic Tests, Results and Interpretations
Medical Records
Other: _____

Purpose of the Disclosure:

The authorization shall become effective on the date signed and remain in effect for the duration of services or until revoked by me. I may void this authorization, except for action already taken, at any time by providing notice in writing.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____