



# Authorization for the Release of Health and/or Educational Information

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Parent: \_\_\_\_\_ Student: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, ST Zip: \_\_\_\_\_  
 Home: \_\_\_\_\_ Cell: \_\_\_\_\_

On behalf of the above named student, I authorize \_\_\_\_\_  
name of health care provider, agency, or medical institution

to release evaluation records to \_\_\_\_\_ and \_\_\_\_\_  
Area Education Agency School or School District

for the purpose of determining eligibility for and/or provision of appropriate special education and related services.

AEA Contact: \_\_\_\_\_ District Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_

For this purpose, I consent to the release of the following health information to the AEA and school district regarding this child from \_\_\_\_\_ to \_\_\_\_\_

- Medical Status
- Current Medications/treatments
- Recommendations for School
- Other: \_\_\_\_\_

I hereby give special permission to the above named medical entity to release records pertaining to:

- Mental Health
- Substance abuse/chemical dependence
- Sexually transmitted disease
- HIV/AIDS

I understand that the released information becomes a part of the student's educational records as defined by the Individuals with Disabilities Education Act (IDEA) and, as such, is protected by the Family Educational Rights and Privacy Act (FERPA). The information may be reviewed by all members of the IEP team and, as appropriate, those identified as having legitimate educational interest. The information may also be used in the future, including if the student moves, for the purpose of Individualized Education Program (IEP) decision making.

I understand that I have the following rights with respect to this authorization:

- The right to inspect or copy the health information to be disclosed by this form.
- The right to receive a copy of this form.
- The right to withdraw this Authorization by written notification at any time (although my withdrawal will not be effective as to uses and/or disclosures already made regarding this form).

This authorization is valid until \_\_\_\_\_, or until one year after the date of signing, whichever occurs first.

\_\_\_\_\_  
Signature Relationship To Student Date

\_\_\_\_\_  
Printed Name