

Sutter County SELPA

Authorization for Release of Information

A. STUDENT INFORMATION

Name: _____ LAST _____ FIRST _____ MI _____
 DOB: / / Gender: _____ Permanent ID #/S.S.: _____
 Parent(s) Name(s): _____
 Address: _____ City: _____ Zip: _____
(Mailing)

I authorize the following individual or organization to disclose the above named individual's information as described below:

B. INFORMATION TO BE RELEASED FROM:	C. INFORMATION TO BE RELEASED TO:
Disclosing Party _____	Receiving Party _____
Address _____	Address _____
City, State, Zip Code _____	City, State, Zip Code _____
Telephone _____ Fax _____	Telephone _____ Fax _____

D. PURPOSE OF THE REQUESTED INFORMATION:

The disclosure of information is required for the following purpose: _____

E. TYPE/DESCRIPTION OF INFORMATION REQUESTED:

Medical Educational Psychiatric Other: _____

F. SIGNATURE AUTHORIZING RELEASE OF INFORMATION:

By signing below, I also understand:

- Local educational agencies are responsible for maintaining confidential files for access and review by involved educational staff only. Academic, psychological and health records are exchanged among California public schools. No further disclosure of this information by the LEA will be done without specific, written and informed release by parent/legal guardian.
- Signing this authorization is voluntary. I may refuse to sign this authorization. Refusing to sign this authorization will not affect the LEA's commitment to providing a quality education for my child; however, refusing to sign may inhibit the LEA's ability to implement an optimal plan of education, learning accommodations and/or health care plan for my child.
- This authorization shall become effective immediately and shall remain in effect until _____ (date) or for one year from the date of signature if no date is entered.
- I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency.
- My revocation will be effective upon receipt, but will have no impact on uses or disclosures made while my authorization is valid.

 Signature of Parent, Legal Guardian, or Surrogate

 Date

 Signature of Witness (only required if parent signs with a "mark")

 Date