

CONSENT FOR
RELEASE/EXCHANGE OF INFORMATION

Student: _____
D.O.B. _____
Parent/Guardian: _____

I hereby authorize the release and exchange of information to and between the following person/agencies for the purposes of planning and providing educational services:

- { } Franklin County Schools
- { } Franklin County Health Department

Additional Agencies: _____ Address: _____
{ } _____
{ } _____
{ } _____

The following information/records are being requested and may be exchanged:

- | | |
|--|---|
| <input type="checkbox"/> Birth History | <input type="checkbox"/> Educational Evaluations |
| <input type="checkbox"/> Health/Medical/Immunization Records | <input type="checkbox"/> Psychological Evaluations |
| <input type="checkbox"/> Lab results | <input type="checkbox"/> Developmental Assessments |
| <input type="checkbox"/> Admission/discharge summaries | <input type="checkbox"/> Nutritional Assessments |
| <input type="checkbox"/> Visual Evaluations | <input type="checkbox"/> Social/Developmental History |
| <input type="checkbox"/> Audiological Evaluations | <input type="checkbox"/> Physical Therapy Evaluations |
| <input type="checkbox"/> Occupational Therapy Evaluations | <input type="checkbox"/> Progress Reports/Notes |
| <input type="checkbox"/> Speech and Language Evaluations | <input type="checkbox"/> Other (Specify): _____ |
| | _____ |
| | _____ |

I understand what information will be released, the purpose for the release of the information, and that there are statutes and regulations protecting the confidentiality of the information. I understand that students served shall receive appropriate services. In order to accomplish this, information may be shared in written and verbal forms between agencies.

I understand the terms of this release and voluntarily give my consent. My consent shall be valid for a period of one year. I further understand that I may revoke my consent by giving written notice. Such revocation does not affect the validity of my consent for information disclosed/released prior to the revocation.

Signed: _____ Date: _____
(Circle: Parent or Legal Guardian)
Witness: _____ Date: _____
