



Authorization for Release/Exchange of Student Information

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

- Authorization to Release Student Information to CHCCS from....
Authorization for CHCCS to Release Student Information to...

Agency or Individual
Address
Phone Fax
Contact Person(s)

Information released/exchanged shall include:

- Medical Psychological
Academic Transcripts
Attendance Behavior/Discipline
Exceptional Children Program Forms: Referral/Eligibility/Placement/Re-evaluation/IEP
504 plan
other

Purpose of Information Exchange

The information may be shared: in person by phone by fax by mail by e-mail
(I understand that e-mail is not confidential and may be intercepted and read by other people)

Person Giving Consent:

Name Signature
Relationship to Student Date
Address
E-mail Phone

School/Department
Address
Phone Fax
Contact Person(s)
(name, title, phone extension)

A photocopy of this release shall be of the same force and effect as the original
In accordance with the Family Educational Rights and Privacy Act (FERPA)

- Parents/Guardians ( or students over the age of 18) have the right to inspect and review any and all official school records that directly relate to their child.
Parents/Guardians may have a copy of released information if requested

This authorization will be valid for one year from the date it was signed; it may be revoked at any time by so stating in writing, except to the extent action has previously been taken.