

**AUTHORIZATION TO RELEASE/OBTAIN INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<p><input type="checkbox"/> <b>Release (original on file)</b></p> <p>I hereby authorize General McLane School District to release information to:</p> <p>1 _____ Agency/Provider</p> <p>_____ Address</p> <p>_____ Phone/Fax Number</p> <p>2 _____ Agency/Provider</p> <p>_____ Address</p> <p>_____ Phone/Fax Number</p>	<p><input type="checkbox"/> <b>Obtain (copy on file)</b></p> <p>I hereby authorize:</p> <p>1 _____ Agency/Provider</p> <p>_____ Address</p> <p>_____ Phone/Fax Number</p> <p>2 _____ Agency/Provider</p> <p>_____ Address</p> <p>_____ Phone/Fax Number</p> <p>to release information to the General McLane School District.</p>
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<p>Dates to be disclosed: _____</p>	
<p>Information to be released:</p>	<p><input type="checkbox"/> All educational records    <input type="checkbox"/> Special education records only</p> <p><input type="checkbox"/> Regular education records only    <input type="checkbox"/> Disciplinary records</p> <p><input type="checkbox"/> Verbal communication between school district &amp; treatment provider</p>
<p>Information to be obtained:</p>	<p><input type="checkbox"/> Psychiatric reports and diagnoses</p> <p><input type="checkbox"/> Psychological reports and diagnoses</p> <p><input type="checkbox"/> Medical reports and diagnoses (including any medication history treatment)</p> <p><input type="checkbox"/> Verbal communication with treatment provider</p>

Purpose for release/obtain of records: \_\_\_\_\_ to facilitate educational placement and programming.

I understand that I may revoke this consent at any time by notifying General McLane School District in writing. If you wish to revoke this authorization at any time before it expires, the school district will provide a form for you to use. I understand that I may not revoke this authorization to the extent that the school district has already relied upon it.

Date or event upon which this consent expires: \_\_\_\_\_

I have read this authorization or had it explained to me and I understand the reason for its contents.

I acknowledge that this authorization has been explained to me, if necessary through an interpreter proficient in my language.

Client/Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Interpreter Signature \_\_\_\_\_

<p>If you are the legal representative of the person listed above, please check the basis for your authority:</p>	
<input type="checkbox"/> Parent	<input type="checkbox"/> Power of Attorney (attach copy)
<input type="checkbox"/> Legal Guardian (attach copy)	<input type="checkbox"/> Other