



Authorization to Release & Exchange Information

Learner	Date of Birth	Age
Notification Date	Resident District	Area Education Agency
Grade	Attending District	Attending Building
Family Member	Relationship	Email

On behalf of the above named learner, I hereby authorize:

Agency: _____

Agency Contact: _____

Phone: _____

Address: _____

AEA: _____

Phone: _____

Address: _____

For the purpose of problem solving and gathering additional information for educational decisions.

I agree to release and exchange information to the Area Education Agency (AEA).

Select: (may only select one option)

RELEASE information to the Area Education Agency (AEA).

EXCHANGE information with the Area Education Agency (AEA).

I consent to the release and/or exchange of the following health information to the AEA in the following areas: (select all that apply)

Medical Status

Current medications/treatments

Recommendations for team consideration

Other - Specify: _____

Such information may be released and/or exchanged using the following communication methods. Check the methods being authorized: (select all that apply)

Written

Verbally (phone or in-person)

Electronically (email, fax, etc)

The authorized methods will be used to send information to the addresses listed above.

Information in the following areas may not be exchanged without your special permission. Your signature will give your special permission for the exchange of information in the areas indicated: (select all that apply)

Mental health

Substance abuse/chemical dependence

Sexually transmitted disease

HIV/AIDS

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).
- Eligibility determination and services provided under Special Education are not conditioned on signing of this authorization.

I also acknowledge that:

- Recipients of this information may possibly re-release the information without proper authorization, and
- Once information is disclosed it may no longer be protected by federal privacy regulations

This authorization is valid until the following date, _____ or until a year after the date of signing, whichever occurs first. You may revoke this authorization, in writing, at any time, however, this does not affect information shared prior to your request for revocation. All members of the AEA team and, as appropriate, those identified as having a legitimate educational interest may review the information received. The information may also be used in the future, including if the student moves, for the purpose of AEA team decision making.

Parent type:

Mother

Father

Guardian

Surrogate

Parent/Guardian Signature

Date