

TROY AREA SCHOOL DISTRICT
Release of Confidential Information

Re: Student Name _____ DOB _____
Address _____ Building _____
_____ SID# _____

I hereby authorize the **Troy Area School District** to:

Release to: _____ or **Secure from:** _____
(School District, Agency, or Individual)

the following information:

Dates of Service or Treatment _____

- | | |
|--|--|
| <input type="checkbox"/> Psychological/Psychiatric Reports | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Neurological Reports | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Family Background Information | <input type="checkbox"/> Report Cards |
| <input type="checkbox"/> Special Work Reports | <input type="checkbox"/> Attendance Data |
| <input type="checkbox"/> Aptitude or Achievement Scores | <input type="checkbox"/> Discharge Summaries |
| <input type="checkbox"/> School Health Records | <input type="checkbox"/> Teacher Observations |
| <input type="checkbox"/> Vocational Skills Assessment | <input type="checkbox"/> Other (Specify) _____ |

Note: My Evaluation or diagnosis and/or treatment may be released as indicated by my initials next to the information to be released.

This information is needed for the following purposes (s):

_____ to aid in the coordination of services that address the child's/family's needs.
_____ other (specify) _____

Please send the requested information to the following address:

All information presented will be held in strict confidence. This release will be considered valid for not more than one year beyond the date signed.

Effective Date: From: _____ **To:** _____

- This authorization may be revoked by written request at any time. Revocation will not affect action taken by the above prior to the date of revocation.
- The above named agencies and individuals may release only information they have generated and not information created by other agencies or institutions. Information from other agencies or institutions will require a separate release.

Signature of Student/Parent/Guardian/*Other Date

If *Other please specify relationship _____

Witness Date

I have: received declined a copy of this release.