AUTHORIZED RELEASE / EXCHANGE OF INFORMATION

Name: ______________________________ Date of Birth: ______________

Parent/ Guardian: ______________________________ Home Phone: ______________

Address: ______________________________

City/ State/ Zip: ______________________________

I hereby give permission for exchange of verbal, written and/ or electronic information between the Howell Public Schools and:

Name: ______________________________

Address: ______________________________

City/ State/ Zip: ______________________________

Phone: ______________ Fax: ______________

I understand that my signature authorizes both parties to exchange any and all pertinent data noted below, including psychometric and psychiatric studies, speech, medical and other information designated as “confidential”. Data may include information pertaining to the areas indicated below:

- ☐ CA-60 Student File
- ☐ Most recent IEP / IFSP
- ☐ Birth Certificate
- ☐ Immunizations
- ☐ Psychological Reports
- ☐ Substance Abuse Records
- ☐ Early Childhood Reports
- ☐ OT/ PT Reports
- ☐ Speech/ Language Reports
- ☐ Social/ Developmental History
- ☐ Social Work
- ☐ Behavior Plan
- ☐ Court Related Reports
- ☐ Health/ Medical Records
- ☐ Psychiatric
- ☐ Vision/ Hearing Reports
- ☐ Academic/ Educational Reports
- ☐ Assistive Technology
- ☐ Eligibility Reports
- ☐ Other

The purpose and need for such disclosure is:

☐ Determination of Special Education Eligibility

☐ Development of Individualized Education Program (IEP) and/ or Behavioral Intervention Plan

☐ Coordination of services and continuing care

Please send information to:

Name: ______________________________

Address: ______________________________

City/ State/ Zip: ______________________________

Phone: ______________ Fax: ______________

Notes:
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I am authorized to release such information as a parent with custody or legally authorized guardian. My authorization is voluntary and shall be effective for one (1) year from the date this form is signed or until I withdraw it in writing.

______________________________ ______________________________
Parent/ Guardian Signature Witness

______________________________ ______________________________
Date Date

Distribution Route: ☐ Registry ☐ Parent ☐ CA-60