

Avon Grove School District

CONSENT TO RELEASE AND/OR OBTAIN INFORMATION

I, _____ authorize the Avon Grove School District to **release and/or obtain** the following information regarding my child/myself, _____ (Date of Birth: _____):

- _____ School Health and Dental Records
- _____ Personal Health History (including but not limited to physicals and immunizations)
- _____ Student School Records (including but not limited to IEP's, Evaluation Reports, Psychiatric Evaluations)
- _____ Discharge Summaries and Treatment Plans
- _____ Psychological information (including but not limited to psychological evaluations, mobile therapist reports, behavior scales, therapeutic support staff reports and behavior specialist reports).
- _____ Other (Please specify): _____

The District may obtain information by:

- Telephone Contact Mail Discussion/Meetings Fax E-Mail
- School Employee Pickup or Delivery

The District may release information by:

- In Person Review at Administration offices Copies picked up at the Administration offices
- Copies mailed to _____
- Copies faxed to _____

A photocopy or fax of this document shall be sufficient to authorize the receipt of records by the District.

A photocopy or fax of this document shall be sufficient to authorize the release of records by the District, provided the District confirms the authenticity of this document with the parent or eligible student by telephone.

The information may be released to/obtained from (please included organization name and the name and title of the individual to direct release): _____

The purpose of the release of information by the District is: _____

I understand the meaning of this consent and that I may revoke this consent at any time, except to the extent action has been taken in reliance upon it. This consent is valid from _____ to _____ (maximum of one year).

To the extent the records disclosed by the District are from records, the confidentiality of which is protected by Pennsylvania Law and/or Federal Public Law 93-282, these regulations prohibit any further disclosure of this information without prior written consent of the parent or student. **A copy of the following statement shall be affixed to any record released by the District under this consent.**

To the extent the records disclosed by the District are HIV-related information, this information has been disclosed from records protected by Pennsylvania law. Pennsylvania law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose. A copy of this statement shall be affixed to any record released by the District under this consent.

To the extent the records disclosed by the District are protected by the Family Educational Rights and Privacy Act, the District is disclosing personally identifiable information from educational records only on the condition that the party to whom the records are disclosed shall not disclose the records to any other party without prior consent of the parent or eligible student.

I further recognize to the extent the records or a portion of the records requested for release are not permitted to be released under Federal or State statute or regulation or judicial order or decree by the District or that this consent is not sufficient to meet the terms for release, the District shall not release the records or portion of the records regardless of the existence of this consent.

Parent/ Guardian/Eligible Student Signature

Date

Send to: