



# Northern Lebanon

## Release of Information



Date: \_\_\_\_\_

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (agency/individual) to

(check one):  Obtain from  Release to  Obtain from & Release to  
 \_\_\_\_\_ (agency/individual).

Address \_\_\_\_\_

Method of Release (check one):  Written  Written/Verbal

The information is to be shared for the purpose of facilitating the student's educational program.

The information to be released and/or obtained is (check all that apply):

- \_\_\_ Educational Records (Including Special Education documents)
- \_\_\_ Behavior Records
- \_\_\_ Counseling Records
- \_\_\_ Psychiatric Evaluation
- \_\_\_ Psychological Evaluation
- \_\_\_ Intake/Discharge Summary
- \_\_\_ Drug and Alcohol Treatment Summary
- \_\_\_ Other (please specify): \_\_\_\_\_

**Please note:** (Any information received by the "Northern Lebanon School District" will be placed in a file to which parents have access and the capacity to release to a third independent agency. The professional staff of the "Northern Lebanon School District" monitors this access. Information will be handled according to the "Northern Lebanon School District" Records Policy.

I may revoke this release at any time except to the extent that the person who is to make the disclosure has already acted on it. Except as noted above, this release will expire one year from now unless revoked earlier in writing. All information released or obtained will be handled confidentially in compliance with the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_  
 (14 years or older for mental health records; any age for student's own drug and alcohol records; 18 years or older for educational records)

Age \_\_\_\_\_ Date \_\_\_\_\_

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