

"Empowering students"

## AUTHORIZATION FOR RELEASE and/or REQUEST OF INFORMATION To be completed by Parent/Legal Guardian

I,	, do hereby request and		
(name of parent/legal	guardian)		• •
authorize the exchange of info	ormation described b	elow between the	e Yarmouth School
Department, and the following			
School			
	(name, address,phone,& fax)		
Healthcare providers(s)			
(name, address,phone,& fax)			
Agency(s)			
	(name, address,phone,& fa	x)	
Other			
(i.e.outside cou	nselor, evaluator, etc) (r	ame, address,phone,& fa	x)
In regards to:			
(student name)			(Student date of birth)
For the many age of			
For the purpose of: Educational Planning	Ongoing Treatm	ont C	oordination of Treatment Effort
Other (Specify):	Oligollig Treatil	C	oordination of Treatment Errort
			<del></del>
This information may include	le:		
Complete School Record			
Special Education Records	Intake Evaluation	Health/Medica	lTreatment plan
Discipline Records	_Discharge Summary	Other (Specify)	:
· I understand that I may revoke	e this authorization at any ti	me.	
This authorization is effective			
I do hereby release the Yarmouth S			
pertaining to the disclosure of this in			·
Signature of parent/guardian			Date
77 Y		T 4 37	207.946.2200
Please return completed form to:: Yarm		FAX:	207-846-2399 207-846-5586
	McCartney Street nouth, Maine04096	Phone:	401-0 <del>4</del> 0-3300

