

2018-19 CONSENT FOR RELEASE OF INFORMATION

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

I authorize the following person, agencies, and/or the Child Study Team to engage in verbal or written communication regarding (child) _____, (date of birth) _____.

All pertinent records and information can be exchanged among agencies as necessary. I am aware that this information will be strictly confidential and will be used in my child's best interest for the purpose of _____. I am aware that I may deny consent for disclosure to any of the agencies designated below.

The agencies authorized to exchange information include:

- Yes No Gogebic/Ontonagon Department of Human Services
- Yes No Gogebic/Ontonagon Western UP District Health Department
- Yes No Gogebic Community Mental Health / Copper Country Mental Health
- Yes No _____ School District
- Yes No Gogebic-Ontonagon Intermediate School District
- Yes No Caring Incorporated / Superior Home Nursing
- Yes No _____ Hospital Medical Records Department
- Yes No Catholic Social Services
- Yes No Lutheran Social Services
- Yes No Gogebic / Ontonagon County Court
- Yes No _____ Head Start
- Yes No Doctor _____
- Yes No Other: _____

Information to be released:

- Yes No Individualized Education Planning Reports (IEP)
- Yes No Inter-Agency Evaluation Reports
- Yes No Occupational Therapy Evaluation Reports
- Yes No Physical Therapy Evaluation Reports
- Yes No Social/Developmental History
- Yes No Multidisciplinary Evaluation Team Reports (MET)
- Yes No Information obtained by telephone or personal contact
- Yes No Medical Reports
- Yes No Other: _____

I understand that I can have access to this information upon request and that the consent I am giving covers the following time frame: _____.

I am willing that a copy of this authorization be accepted with the same authority as this original.

Signature	Relationship to Child	Date
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Signature

Relationship to Child

Date