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AUTHORIZATION FOR DISCLOSURE OF INFORMATION

PARTICIPANT NAME _____ **Date of Birth** _____ **Sex** M/F **Grade** _____

I hereby authorize the use or disclosure of individually identifiable educational or health information as described below.

Organization(s) or person(s) allowed **to release** the information indicated by this form:

____ Uniquely Yours Specialized Care
____ Other: Name _____
Address _____
Phone # _____
Email: _____

Organization(s) or person(s) allowed **to receive** the information indicated by this form:

____ Uniquely Yours Specialized Care
____ Other: Name _____
Address _____
Phone # _____
Email: _____

Initial here _____ if you would like results and other records interchanged between the above two parties

Purpose of disclosure: _____ Transfer into District To plan an appropriate educational program addressing special needs
_____ Transfer out of District
_____ Parent Request _____ Other _____

Records to be disclosed:

____ Birth certificate _____ Medical-Social Report _____ Current IEP
____ Current Immunization Record _____ Occupational Therapy Report _____ Educational Assessment Report
____ Health records _____ Physical Therapy Report _____ ULE/ Talented and Gifted
____ Report card/ transcript _____ Speech/ Language Report _____ emails/communication
____ Standardized Test Scores _____ Psychological Report _____ Other: _____

Please send information to the address below:

- Email: info@uniquely-yours.care
- Upload into iCare Software (HIPPA Compliant)

Records are released and maintained in compliance with the Family Educational Rights and Privacy Act of 1975 (PL93-3580) (Buckley amendment. Title V. Sec 513-515, pp 88-91). Which states disclosure of educational records to officials of another school system in which the student seeks to enroll does not require a written parental consent.

Any information disclosed to the Harrisburg School District 41-2 or to any employee of the Harrisburg School District 41-2, becomes a part of the student's educational record. Unless specified "confidential" or "not to be released to a third party" material disclosed to the Harrisburg School District 41-2 will be released with the educational record.

THIS FORM WILL BECOME PART OF THE PARTICIPANT'S FILE AND SHALL BE VALID FOR ONE YEAR UNLESS REVOKED IN WRITING.

Signature of Parent/Guardian/Participant Date

**Staff Purposes Only: Sent on (date if applicable) _____ *Send Report(s) to (staff name): _____ at (school) _____
Completed: Yes No (Date completed & internally sent or received by staff member mentioned above _____)*