

## EAST HAMPTON PUBLIC SCHOOLS

Phone: 860-365-4000

94 Main Street, East Hampton, CT 06424

## **AUTHORIZATION FOR THE RELEASE OF INFORMATION**

| Student's Name:   | Date of Birth:  |
|---|---|
|   |   |
| I hereby authorize(school name/department/sch   | to communicate and exchange informatio ool personnel)   |
| of the student named above for the purpose oftrans  | fer   |
| with East Hampton High School   | 15 North Maple Street, East Hampton, CT 06424 (address/phone number)  |
|   | phone (860) 365-4031 fax (860) 365-4045   |
| This request and authorization applies to:  |   |
| <ul> <li>□ Official Cumulative Records</li> <li>□ Special Education Records and Reports</li> <li>□ Individualized Education Programs (IEP)</li> <li>□ Home school correspondence</li> <li>□ Educational/Achievement Evaluations and Reports</li> <li>□ Psychological Evaluations and Reports</li> <li>□ Occupational Therapy Evaluations and Reports</li> <li>□ Occupational Therapy Evaluations and Reports</li> <li>□ Medical Reports</li> <li>□ Psychiatric Evaluations</li> <li>□ Counselor/Therapist Evaluations and Reports</li> <li>□ Evaluations from outside agencies, doctors, school</li> <li>□ Other:</li> </ul> Authorization This outhorization is valid for one calcular year. It will appear to the program of the p | □ Verbal Communication □ Written Documents  |
| This authorization is valid for one calendar year. It will e may revoke this authorization at any time by submitting recognize that these records, once received by the school Rule, but will become education records protected by the understand that if I refuse to sign, such refusal will not in   | written notice of the withdrawal of my consent. I bol district, may not be protected by HIPAA Privacy e Family Educational Rights and Privacy Act. I also |
| Parent Signature  | Date  |
| Student Signature*  | Date  |
| *If a minor student is authorized to consent to health car<br>only the student shall sign authorization form. In Connec<br>consent to outpatient mental health care, alcohol and dr<br>reproductive health care services.   | cticut, a competent minor, depending on age, can  |