



HUNTINGTON COUNTY COMMUNITY SCHOOL CORPORATION

Release/Exchange of Information

This consent permits the use, disclosure and/or exchange of individually identifiable psychological, educational, communication, therapy, and medical/health information between Huntington County Community School Corporation/ Special Services and their participating school personnel and the listed individual or agency. This information will be used, disclosed, and/or exchanged for the purpose of individual evaluation as well as the development and implementation of an appropriate educational program.

Student: _____ **Date of Birth:** _____

Corporation/Home School: _____

Agency/Clinic/Doctor/Hospital/School: _____

Address: _____ **City/State/Zip:** _____

Telephone: _____ **Fax:** _____

Please Mail/Fax Information to:

Huntington County Community School Corp.
2485 Waterworks Rd. Huntington, IN 46750
Tel. 260.356.8312- Fax 260.358.2222

OR

School: _____
Address: _____
Telephone/Fax: _____

Attention: _____

I hold harmless Huntington County Community School Corporation in regard to the use of information authorized for release or exchange. A photocopy of the authorization is authentic as the original signed Authorization for Release/Exchange of Information. **I have read and understand the above and acknowledge that it was properly completed prior to my signature.**

I understand that this consent is valid for the school year, (Specify year): _____ **and** waive my right for the sixty (60) day limitation from the date of my signature.

I understand that I have the right to revoke this authorization in writing at any time prior to its expiration (except to the extent that action has been taken in reliance on the written authorization). Written revocation must be sent to Huntington County Community School Corporation/ Special Services Office.

Signature of Parent or Legal Guardian

Date

Signature of Student (18 years or older)

Date

Witness Signature

Date

TO THE PARTY RECEIVING THIS INFORMATION: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

