

# Authorization to Release Confidential Information

Xenia Community Schools

Student Name:	Date of Birth:
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I authorize the person or agency listed below to release protected health information, educational information, and/or otherwise confidential information. This release is to be reciprocal between both of the parties below and expires on \_\_\_\_/\_\_\_\_/\_\_\_\_, or 12 months whichever is shorter.

### PERSON/AGENCY RELEASING RECORDS:

Name/Organization:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

### RECORDS MAY BE FORWARDED TO:

<input type="checkbox"/> Arrowood Elementary 1588 Pawnee Dr. Xenia, OH 45385 Fax: 937-374-4402 Ph: 937-372-9251	<input type="checkbox"/> Cox Elementary 506 Dayton Ave Xenia, OH 45385 Fax: 937-374-4723 Ph: 937-372-9201	<input type="checkbox"/> McKinley Elementary 829 Colorado Dr. Xenia, OH 45385 Fax: 937-374-4406 Ph: 937-372-1251	<input type="checkbox"/> Shawnee Elementary 92 E. Ankeney Mill Rd Xenia, OH 45385 Fax: 937-374-4230 Ph: 937-372-6461
<input type="checkbox"/> Tecumseh Elementary 1058 Old Springfield Rd Xenia, OH 45385 Fax: 937-374-4398 Ph: 937-372-3321	<input type="checkbox"/> Warner Middle School 600 Buckskin Trail Xenia, OH 45385 Fax: 937-562-9962 Ph: 937-376-9488	<input type="checkbox"/> Xenia High School 303 Kinsey Rd Xenia, OH 45385 Fax: 937-352-4450 Ph: 937-372-6983	<input type="checkbox"/> Xenia Preschool 425 Edison Blvd. Xenia, OH 45385 Fax: 937-374-4218 Ph: 937-562-9706

I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Xenia Community School District. The withdrawal of this authorization does not affect any health information disclosed prior to this written notice.

I understand that this information may be disclosed by Xenia Community School District by means of record transfer, summative reports, etc., and at that point, the information may no longer be protected under the terms of this agreement.

I place no limitation on history or illness (including HIV and /or AIDS, genetics, drug dependency or psychiatric information) or diagnostic and therapeutic information, including any treatment for alcohol, drug abuse, or psychiatric orders.

### The following information is to be released:

<input type="checkbox"/> Psychological reports	<input type="checkbox"/> Medical records	<input type="checkbox"/> Re-entry plan	<input type="checkbox"/> Consultations	<input type="checkbox"/> Psychiatric report
<input type="checkbox"/> Ongoing communication	<input type="checkbox"/> Evaluations	<input type="checkbox"/> Discipline records	<input type="checkbox"/> IEPs & educational plans	<input type="checkbox"/> Observation samples
<input type="checkbox"/> Treatment summaries	<input type="checkbox"/> Social history	<input type="checkbox"/> Other _____		

### The purpose for which this release is being requested is:

<input type="checkbox"/> Educational planning of continuity of care	<input type="checkbox"/> Medical problems related to learning	<input type="checkbox"/> Proof of disability
<input type="checkbox"/> Ongoing communication/consultation	<input type="checkbox"/> Other _____	

Parent/Guardian Signature:	Date:
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