



AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____ DOB: _____

I, _____ (student or legal guardian), hereby authorize Mainspring Academy to send and/or receive information (check one)

To and/or from:

Name of Person or Facility: _____

Address (street, city, state, zip): _____

Phone: _____

- | | |
|--|--|
| <input type="checkbox"/> Academic testing results | <input type="checkbox"/> Psychological reports |
| <input type="checkbox"/> Progress reports/report cards | <input type="checkbox"/> Psychological testing results |
| <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> Summary reports |
| <input type="checkbox"/> Individualized Learning Plan | <input type="checkbox"/> Vocational testing results |
| <input type="checkbox"/> Service plans | <input type="checkbox"/> Entire record |
| <input type="checkbox"/> Behavior programs | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> School records | _____ |

The above information will be used for the following purposes:

- Planning appropriate program
- Continuing appropriate program
- Determining eligibility for program
- Case review
- Updating files
- Other (specify): _____

I understand that this information may be protected by Privacy Rule 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164), plus applicable state laws. I further understand the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules.

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing a written notice, and after 1 year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

Legal Guardian Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____