

AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

Please Print

I, _____, am the parent or legal
(Parent or Legal Guardian's Name)
guardian of _____.
(Name of Student)

I hereby authorize _____
to communicate and exchange documentation, records and other information
pertaining to:

<small>(Name of Student)</small>	<small>(Date of Birth)</small>	<small>(School)</small>
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With the following individual (s), provider (s), agency, facility:

<small>(Name, address and phone number of individual, provider, agency or facility authorized to receive and exchange information.)</small>

I understand that the information to be shared and released includes, but may
not be limited to the following:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Evaluation Reports | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Assessment Results
and Summaries | <input type="checkbox"/> English Learners
Records |
| <input type="checkbox"/> Special Education
Records | <input type="checkbox"/> Teacher Reports | <input type="checkbox"/> Case Notes | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Attendance Reports | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Regular Education
Records | |
-

Parent / Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

It is understood that a photocopy of this result shall be considered as valid as an original



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