COBB COUNTY SCHOOL DISTRICT
SPECIAL STUDENT SERVICES
514 Glover Street
Marietta, Georgia 30060

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Student/Patient Full Name:_____ Birthday___/____/___

Parent/Legal Guardian Name:_____ School:_____

I authorize the person or agency listed below to release protected health information, educational information, and/or otherwise confidential information.

PERSON/AGENCY RELEASING RECORDS:

Name/Organization: _____

Address: _____Phone: _____

City:_____State:_____Zip:_____Fax:_____

THESE RECORDS MAY BE FORWARDED TO:

Name/Organization: _____

Address: _____Phone: _____

City:_____State:_____Zip:_____Fax:_____

☐ **Release to be reciprocal between persons/agencies listed above.**

- I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Cobb County 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 redisclosed by the Cobb County 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, genetic, drug dependency or psychiatric information) or diagnostic and therapeutic information, including any treatment for alcohol, drug abuse, or psychiatric disorders.
- This authorization expires __/__/__ (insert applicable date or event or insert "no expiration designated") or in 12 months, whichever is shorter.

The following information is to be released:

☐ Psychological Reports	☐ Medical Records	☐ IEPs & Educational Plans	☐ On-going Communication
☐ Evaluations	☐ Discipline Records	☐ School Re-entry Plan	☐ Consultation Regarding Student
☐ Treatment Summaries	☐ Social History	☐ Observations/Work Samples	☐ Other (specify
☐ Psychiatric Reports	☐ Eligibility Reports	☐ Anecdotal Records	

The purpose for which this release is being requested is:

☐ Educational Planning and Continuity of Care ☐ Medical Problems Related to Learning

☐ Proof of Disability ☐ Ongoing communication/consultation ☐ Other (specify): _____

Parent/Guardian Signature: _____ Date: _____