

AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION

Student's Name: _____

Birthdate: _____

Before requesting or sharing confidential information, CHEK ABC requires that you authorize this request by completing the following:

I/We give permission to CHEK ABC personnel as necessary to:

release pertinent records that include IEP, Assessments, Psychology reports, Doctors Reports, report cards etc: *and*

request records and pertinent information from the following individual(s) and/or organization(s)/ school:

1) Doctors reports, professional reports, referrals, assessments,

2) Student records including Report Cards, IEP, Inclusions – Professional Reports.

Sharing of relevant confidential information may be undertaken for the purpose(s) of improving educational programming, helping to provide appropriate school based planning, and obtaining community-based services for your child.

I understand the reason for and nature of the confidential information to be shared.

Comments (optional): _____

Parent/Guardian Name(s)

(Please print and sign)

Date