Authorization for Disclosure of Confidential Information

Oak Park Unified School District

5801 East Conifer St., Oak Park, CA 91377

Addressed To: *(Specify the agency/individual that will exchange information with the Oak Park Unified School District)*

_____	_____
Name of Agency/Individual	Phone Number
_____	_____
Address of Agency/Individual	City/State/Zip Code
_____	_____
Email Address of Agency/Individual (if available)	Fax Number

Regarding:

_____	_____
Student Name	Date of Birth

Requested Information:

☐ All educational, medical, and/or psychological information including diagnosis and assessment results (may include document, records, and/or phone conversations).

☐ Only the following records or type of information: _____

☐ Please specify if any information is to be excluded: _____

Purpose of Request:

_____

I hereby authorize the Oak Park Unified School District and the agency/individual indicated above to release and disclose educational, medical, and/or psychological information concerning my child to each other. This authorization shall become effective on the date signed and will expire in one year.

A photocopy or facsimile of this form is to be considered as valid as the original.

I have read and understand the following statements about my rights:

- *I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not extend to information that was already obtained or released prior to the revocation.*
- *I have the right to receive a copy of this authorization as well as the information described in this form.*
- *Under certain circumstances the information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity according to Federal and State law and may no longer be protected. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other party without my further authorization unless mandated by law.*

_____	_____	_____
Parent/Guardian Signature	Date	Relationship

Rev. 10/14/13