**Authorization for Use or Disclosure of Information/Records**

I      , hereby authorize       to furnish       and its employees, representatives and authorized agents, any and all information and records about this me in your possession, including:

\_\_\_\_\_\_ School and educational records including testing, evaluations,
(initials) assessments, and disciplinary records.

\_\_\_\_\_\_ All incident and behavior emergency reports.

(initials)

 \_\_\_\_\_\_ All other records except medical records.

(initials)

This authorization shall become effective immediately and shall remain in effect until ­­\_\_\_\_\_\_\_ I may end this agreement earlier if I do so in writing.

I understand that       may not further use or disclose the information unless another authorization is obtained from me unless such use or disclosure is specifically required or permitted by law.

\_\_\_\_\_\_ I hereby acknowledge that I have received a copy of this
(initials) authorization

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A photocopy or facsimile copy of this authorization has the same effect as the original.