

# LIVINGSTON COUNTY PUBLIC SCHOOLS

## AUTHORIZATION FOR RELEASE OF RECORDS

In compliance with Public Law 92-380, Protection of Rights and Privacy of Students, the parent's signature is necessary before information can be forwarded to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, give  
*Signature of Parent/Guardian* *Date Signed*

permission for the credentials listed below belonging to my son/daughter,

\_\_\_\_\_, D.O.B.: \_\_\_\_\_  
*Child's Name* *Date of Birth*

to be forwarded to the above address.

- \_\_\_\_\_ Medical and Health Records, (to include audiologicals, vision reports, etc.)
- \_\_\_\_\_ Personal Information
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ Therapy Summaries, (to include treatment records, etc.)
- \_\_\_\_\_ Verbal Communications
- \_\_\_\_\_ Other, (Specify) \_\_\_\_\_

### RELEASE TO BE SENT TO:

Mailed \_\_\_/\_\_\_/\_\_\_\_

by \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(IT IS UNDERSTOOD THAT THIS AUTHORIZATION FOR RELEASE IS SUBJECT TO REVOCATION AT ANY TIME, AND THAT UNLESS ANOTHER DATE IS SPECIFIED THIS RELEASE WILL EXPIRE SIX (6) MONTHS AFTER DATE IT IS SIGNED.)