

# **Child and Family Services of the U.P., Inc.**

## **School Programs**

### AUTHORIZATION TO RELEASE INFORMATION (One per family)

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

For the specific purpose of helping my child work towards further achievements and to comply with state regulations, I hereby authorize School Program Staff to share information with any appropriate staff at my child's school when deemed necessary.

The following information may be exchanged:

- \* Academic/Educational Reports
- \* Evaluation Reports, (ie: IEP)
- \* Health/Medical etc.
- \* Social/Family Assessment
- \* Family Information
- \* Free/Reduced Lunch Eligibility
- \* Behavioral

I understand I have the right to refuse to sign this authorization. I also understand that IF I refuse to sign this form, my child will NOT be able to attend any Child & Family Services of the U.P., Inc. School Program until it is signed.

My signature verifies my authorization for information sharing and that I have read this form and/or had it read to me and explained in a language I can understand. This authorization will remain in effect for one year from the date of my signature.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_