SENECA HIGHLANDS INTERMEDIATE UNIT NINE

119 Mechanic Street • Smethport, PA 16749 • (814) 887-5512 • FAX (814) 887-2203

AUTHORIZATION TO RELEASE INFORMATION

Student Name: _____ Date: _____ Resident District: _____

Date of Birth: _____ Or Social Security: _____

I hereby authorize the Seneca Highlands Intermediate Unit to:

- ☐ obtain records from
- ☐ release records for period from _____ to _____
- ☐ form attached, please complete

_____

(Name and title of person, and/or name of agency and department)

_____

(Street Address) *(City)* *(State)* *(Zip Code)*

Specific information to release:

- ☐ Psychiatric Evaluations
- ☐ Psychological Evaluations
- ☐ Treatment Plans
- ☐ Diagnosis
- ☐ Medication History
- ☐ Medical History
- ☐ Audiological
- ☐ Physical Therapy/Occupational Therapy
- ☐ Speech/Language Therapy
- ☐ Vision
- ☐ Neurological
- ☐ Psychological Testing Reports
- ☐ School Disciplinary Reports
- ☐ Immunization Records
- ☐ Adaptive Evaluations
- ☐ Educational Reports (i.e. IEP, ER)
- ☐ Behavioral Management Plans (Disciplinary Reports)
- ☐ Transfer/Discharge Summaries
- ☐ Scholastic Achievement/Pupil Personnel Records
- ☐ Attendance Records
- ☐ Other (Specify): _____

Specific purpose of topics checked:

- ☐ Coordination of Education Services
- ☐ Referral to your Agency
- ☐ Coordination of Treatment/Services
- ☐ Insurance/Social Security Benefits
- ☐ Other (Specify): _____

I understand that this authorization shall remain effective for the date of my signature to _____ *(date not to exceed one year)* or termination of services by SHIU9, including arrangements for provision of continuity of care. Except to the extent that action has already been taken, I may revoke this authorization by written, dated communication to the respective Unit Director. I also understand a fax or photocopy of this release will be considered as valid as the original.

_____

Student Signature Date

_____

Parent/Guardian Signature Date

_____

Witness Signature (*if needed*) Date

Address

_____

Requested By:

Print Name: _____

Seneca Highlands Intermediate Unit Nine
Special Education Department
119 Mechanic Street
Smethport, PA 16749