

## SENECA HIGHLANDS INTERMEDIATE UNIT NINE

119 S Mechanic Street • Smethport, PA 16749 • (814) 887-5512 • FAX (814) 887-2157)

### 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:

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

#### Specific purpose of topics checked:

- |   |   |
|---|---|
| <input type="checkbox"/> Coordination of Education Services | <input type="checkbox"/> Coordination of Treatment/Services |
| <input type="checkbox"/> Referral to your Agency            | <input type="checkbox"/> Insurance/Social Security Benefits |
| <input type="checkbox"/> 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