Learning Springs
Every moment a learning moment.

AUTHORIZATION FOR EXCHANGE OF INFORMATION (EDUCATIONAL)

I hereby authorize:	To disclose to and/or receive information from:
_____ **Name of disclosing party/organization**	_____ **Name of Recipient**
_____ **Address**	_____ **Address**
_____ **City State Zip**	_____ **City State Zip**

Information pertaining to:
Student's name: _____

Date of Birth: ___/___/_____ Date of this request: ___/___/_____

The following information may be exchanged between the agency representatives in verbal and/or written form:

- ❑ Educational Evaluations
- ❑ Observations in Educational Settings
- ❑ Health and Developmental Records
- ❑ Classroom-Based Assessments
- ❑ Report cards
- ❑ Educational Records
- ❑ Other _____

Duration: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here:_____(date).

Revocation: This authorization is also subject to written revocation by the parent/guardian at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization.

Re-disclosure: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use of disclosure is specifically required or permitted by law.

Confidentiality of student is maintained according to California Welfare Institute Code, Section 4514; and Education Code, Section 49075: "A school district may permit access to pupil records to any person for whom a parent of the pupil has given written consent specifying the records to be released and identifying the party or class of parties to whom the records may be released. The recipient must be notified that the transmission of information to others without the written consent of the parent is prohibited. The consent shall be permanently kept with the record file."

_____

Parent/Guardian Signature **Date**

_____

Parent/Guardian Signature **Date**

A copy of this authorization is as valid as the original. Parent or guardian has the right to a copy of this authorization

_____

LSA Director Signature **Date**

A copy of this authorization is as valid as the original.