



Department of Special Education / Student Support Team Compliance / Section 504
Authorization to Release Confidential Information

TO: _____ DATE: _____

RE: _____
Last Name First Name Middle D.O.B

School attended in your system

In order to assist in the educational / health planning and placement of the student named above, you are hereby authorized to release the following reports/information.

- | | |
|--|--|
| <input type="checkbox"/> Psycho/Educational Evaluations | <input type="checkbox"/> Instructional Plans |
| <input type="checkbox"/> Section 504 Documentation | <input type="checkbox"/> Accommodations Plans |
| <input type="checkbox"/> Speech and Language Evaluations | <input type="checkbox"/> Meeting Minutes |
| <input type="checkbox"/> Audiological Report | <input type="checkbox"/> Eligibility Report |
| <input type="checkbox"/> Pre-Referral Intervention Information | <input type="checkbox"/> Vision Report |
| <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Completion of APS Medical Packet |

These records should be sent to: _____

- Parent(s) / guardian(s) by signature below acknowledges that the school is providing for the administration of medication / medical procedure as a courtesy to the parent(s) / guardian(s) and agrees to hold the school and school system harmless in its so doing.
- Additionally, authorization is granted to obtain pertinent medical and/or copies of records pertaining to my child's medication and for this information to be shared with pertinent staff as needed for the purpose of educational / health planning.
- I understand that effective April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPPA"), disclosure of certain medical information is limited. However, I herein authorize disclosure of pertinent medical information for the provision of services for my child while in attendance in the Atlanta Public Schools District. This authorization expires as of the last day of this school year, including the summer extended year session.

Parent/Guardian Signature _____ Date _____

Relationship to Student _____