

THE FORUM SCHOOL
107 WYCKOFF AVENUE
WALDWICK, NEW JERSEY 07463

(201) 444-5882
FAX: (201) 444-4003

AUTHORIZATION FORM FOR RELEASE OF INFORMATION

Student's name: _____ Date of birth: _____

I, _____ authorize the exchange of confidential
(Parent/Legal Guardian)
information regarding my child between The Forum School and

(Name, address, phone and fax #)

The information that is to be released/obtained includes: medical/psychiatric/psychological assessment and treatment, school functioning and/or school record information. The Forum School contact person(s) name/title:

I authorize the above named individual(s) to access my child's confidential healthcare information only to provide information relevant to my child's school functioning and mental health/medical treatment. I understand that I may revoke this authorization at any time by notifying The Forum School in writing and that if the authorization is revoked it will not have any effect on actions taken prior to receiving the revocation. A copy of this authorization will be as valid as the original. I also may request a copy of this authorization. This authorization is in effect from September 1 to July 31 of the current school year. Upon the conclusion of that time period, this authorization is automatically revoked.

Signatures:

Parent/Guardian	Date
Printed name of Parent/Guardian	Relationship
The Forum School Representative	Date