The FORUM SCHOOL Est. 1954

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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, fax, and email)

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 conclusion of that time period, this authorization is automatically revoked.

Signatures ** By typing your name in full, this constitutes your electronic signature **

_____ _____

(Parent/Guardian) (Date)

_____ _____

(Printed name of Parent/Guardian) (Relationship)

_____ _____

(The Forum School Representative) (Date)