

**AUTHORIZATION FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ (name of parent/guardian/student if 18 or over), hereby authorize the provider listed below to disclose certain protected health/education information of the student named below to officials of the Wake County Public School System for the purpose indicated below. If indicated, I also give permission to officials of the Wake County Public School System to disclose confidential education records to the provider indicated below.

Full name of student (patient): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Outside Provider:**

Name: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Check all that apply: May provide information to school \_\_\_\_\_ May receive information from school \_\_\_\_\_

**WCPSS School:**

Name: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

May provide protected health information to school officials: Yes  No

May provide educational records and/or personally identifiable information to the outside provider: Yes  No

**Information to be provided/exchanged (check all that apply):**

- Medical records  Grades  Immunization records
- Treatment records  Attendance  Disciplinary records
- Diagnostic records  Special education file
- Other (please specify): \_\_\_\_\_

**This information is provided for the following purpose:** \_\_\_\_\_

This authorization shall expire on (provide a date or event): \_\_\_\_\_

Please read and initial the following statements:

\_\_\_\_\_ I acknowledge that I may revoke this authorization by providing notice, in writing, to either of the persons/organizations named above at the address indicated above. I further acknowledge that such notice does not apply to information disclosed prior to either party receiving notice of my request to revoke this authorization.

\_\_\_\_\_ I acknowledge that I may refuse to sign this authorization and that my refusal will not affect my ability or inability to obtain treatment, payment, enrollment, or eligibility for benefits from the outside provider.

\_\_\_\_\_ I acknowledge that the Wake County Public School System is subject to confidentiality rules under federal and state law that differ from those of the agency providing this information.

\_\_\_\_\_ I acknowledge that this form was completed prior to my signing my name below.

Signature of parent/legal guardian/student (if 18 or over)

Date

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए मुफ्त अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程, 请致电 (919) 852-3303