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| **WATERFORD SCHOOL DISTRICT****CHILDREN’S VILLAGE SCHOOL** |



**RELEASE OF INFORMATION**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student’s Last Name | First Name | Date of Request |
|  |  |  |
| Student’s Birthdate | Grade |  |
|  |  |  |
| Address | City  | Zip Code |

**INFORMATION REQUESTED**

[ ]  Psychological Evaluation(s) [ ]  Substance Abuse History [ ]  IEPT Documents

[ ]  Social Emotional Behavior Information [ ]  Intake/Adjudicated Data [ ]  MET Eligibility

[ ]  Medical Evaluation(s) [ ]  Psychiatric Evaluation(s) [ ]  Other

[ ]  Academic Records [ ]  Speech and Language Reports [ ]  View only files

[ ]  General Information on Progress [ ]  Diagnosis and/or Medication

[ ]  Behavior Progress Logs [ ]  Open Communication

PLEASE CHECK AND COMPLETE A and/or B:

[ ]  A. Name:  **OCCV Clinicians/Case Workers** Agency: **Oakland County Children’s Village**

 Address: **1200 N. Telegraph, Pontiac, MI 48341**

 Is authorized to communicate with and send materials identified above to:

 Children’s Village School / Waterford School District

 Attn: Michelle Quarters, School Psychologist, Carolyn Landolt, School Social Worker

 1200 N. Telegraph Road, Bldg. 87 W. Ph: (248) 858-5491

 Pontiac, MI 48341 FAX: (248) 452-9792

[ ]  B. Waterford Schools, Children’s Village School, is authorized to communicate with and to send the material identified above to:

 Name: Agency:

 Address:

*I hereby authorize you and/or your department to release information as indicated above concerning the named individual. Information received will be used solely for educational planning, will not be transferred to a third party without written permission from parents or legal guardian, and may be revoked in writing by the individual/guardian whose Protected Health Information is to be disclosed.*

This parental release of information and/or sending of school information are in compliance with Federal Public Law 93-380.

Signature of Requester: Date:

 *(Parent/Guardian or Student over 18)*

Signature: Date:

 *(Person initiating request for transfer) Title*

*\*The above authorization is valid for one year from date of signed request.*

Parents, Legal Guardians, or legal age students may request a review and/or copy of the records transferred. If this is desired, the school office should be notified. If you request a copy of school records being transferred, the school is relieved of responsibilities for confidentiality of those records. NOTE: A nominal charge is allowed by law to cover costs of postage and handling.