



Burrillville School Department

Release of Confidential Information

Today's Date: _____

Student's Name	Student's Address	Phone Number
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Date of Birth	School	Grade
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I hereby authorize the Burrillville School Department to:

- Release To: _____
- Obtain From: _____
- Exchange With: _____
- Verbal Exchange With: _____

Agency/School: _____

the following information regarding my child:

- Academic Records
- IEP/504 Plan
- Psychological
- Speech/Language
- Medical/Health
- Educational
- Social History
- Clinical/Psychiatric
- Other _____

For the purpose of _____

Medical/Health Information is protected under RI General Law §5-37.2-4 (as amended from time to time). Except as provided by law, the information released with this authorization will not be given sold, or in anyway relayed to any other person not specified in this Release Form. Educational Records are covered under the Family and Educational Rights and Privacy Act (FERPA) and, under most circumstances, require this signed Authorization prior to their release. The Consent for release or transfer of information may be withdrawn at any future time. To the extent that the information to be released by virtue of this Authorization constitutes Protected Health Information (PHI) and is covered under the Health Insurance Portability Act (HIPAA), you have the right to revoke this authorization unless the school department has already taken action in reliance upon it. The revocation must be in writing, and received by the Director at the Burrillville Special Education Office. The PHI used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA's privacy rules. Generally, a school department may not condition treatment, payment, enrollment, or benefits eligibility upon receiving this Authorization. However, if this Authorization involves information which may be necessary to determine eligibility or the need for certain services pursuant to state and federal law, then refusal to execute this Authorization may result in a delay or denial of eligibility or receipt of services.

You have the right to receive a copy of this Authorization if you so request.

This release is valid through _____ unless permission is withdrawn sooner, in writing, by the undersigned.

Signature Relationship Date

Print Name