I, ____________________________, authorize ____________________________ to
(Name of Parent/Guardian) (Name of Organization)

release the following information from: ____________________________ records
(Name of Child)

1) ______________________________
2) ______________________________
3) ______________________________
(Please list specific information)

To: ___________________________________________________________________________
_____________________________________________________________________________
(Name of person or organization and address to receive disclosure/information)

(Signature of Receiving Organization) (Date)

for the purpose of ______________________________
(Need for disclosure)

I understand that I can revoke this consent at any time prior to the actual release of the above specified information.

(Signature of Parent/Guardian) (Date)

From: ___________________________________________________________________________
_____________________________________________________________________________
(Name of person or organization and address to send disclosure/information)

(Signature of Sending Organization) (Date)

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.