

UNION SCHOOL DISTRICT

AUTHORIZATION FOR EXCHANGE OF STUDENT HEALTH AND EDUCATIONAL INFORMATION

I GIVE PERMISSION TO:

Name of person or organization allowed to release information

Address

City, State

Zip

TO RELEASE INFORMATION TO AND/OR RECEIVE INFORMATION FROM:

Union School District
5175 Union Ave.
San Jose, CA 95124

PERTAINING TO:

Name of Student

Medical Record #

Date of Birth

Address

City, State

Zip

Telephone

DURATION: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here

CANCELLATION: This Authorization is also subject to written cancellation by the parent/guardian/student at any time. The written cancellation will be effective upon receipt. Cancellation will not apply to actions taken based on information obtained from prior authorization(s).

RE-RELEASE: I understand that the recipient may not lawfully further use or release the information unless another authorization is obtained from me or unless such use or release is specifically required or permitted by law.

CONDITIONS: I understand that eligibility for educational services may be based on my giving or refusing to give this authorization. Federal Register Section 164.508(c)(2)(ii)

SPECIFIC RECORDS: Check the box and initial which type of information is to be released:

- Initial ___ [] Immunizations Initial ___ [] Health & Development
Initial ___ [] Educational Initial ___ [] Hearing/Audiological
Initial ___ [] Speech & Language Initial ___ [] Birth Records
Initial ___ [] Medical Information Initial ___ [] Mother's Maiden Name
Initial ___ [] Vision Initial ___ [] Other (Specify: _____)

The person or organization that receives the health and/or educational information authorized On this form, may only use it for the following educational purposes:

- [] Eligibility [] Planning [] Health Services [] Other (Specify: _____)

Parent/Guardian or Student will receive a copy of this authorization.

Date: ___/___/___ Signature: _____

If signed by other than student, indicate relationship: [] Mother [] Father [] Guardian