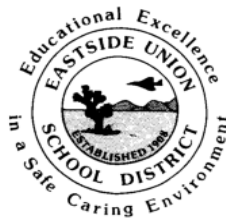


Mark E. Marshall, Ed.D.
Superintendent



Board of Trustees
Mrs. Janette T. Crawford
Mrs. Peggy W. Foster
Mrs. Martha D. Johnson
Mr. Joseph Pincetich
Mrs. Krista Thomsen

"Working to improve school performance."

CONFIDENTIAL FILE REQUEST

PUPIL NAME:		PUPIL BIRTHDATE (Month/Day/Year):	
SCHOOL NAME:		EFFECTIVE DATE OF AUTHORIZATION:	
NAME OF HOSPITAL/PHYSICIAN/PROVIDER OF SERVICE:			
ADDRESS OF HOSPITAL/PHYSICIAN/PROVIDER OF SERVICE:			
TYPE OF INFORMATION TO BE RELEASED (Check Applicable Item/s):			
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> PSYCHIATRIC	<input type="checkbox"/> DRUG	<input type="checkbox"/> ALCOHOL CONDITIONS
<input type="checkbox"/> OTHER (Specify)			<input type="checkbox"/> EDUCATIONAL
DATES OF SERVICE(S) RENDERED:			
From		To	
PURPOSE(S) FOR RELEASE OF INFORMATION:			
RELEASE AUTHORIZATION/LIMITED TO INFORMATION DESIGNATED BELOW:			
<input type="checkbox"/> DIAGNOSIS	<input type="checkbox"/> PERTINENT DISCHARGE SUMMARY	<input type="checkbox"/> TRANSFER INFORMATION	
<input type="checkbox"/> RESULTS OF PSYCHOLOGICAL/VOCATIONAL TESTS	<input type="checkbox"/> OTHER (Specify) _____		

THE INFORMATION SPECIFIED ABOVE MAY BE RELEASED TO:

**Eastside Union School District
45006 30th Street East
Lancaster, California 93535**

This authorization shall become effective on the effective date of authorization specified above and is subject to revocation by the undersigned at any time except to the extent that action has already been taken, and shall terminate ninety (90) days from the effective date if not earlier revoked.

I understand that requester may not further use or disclose the medical information unless another authorization is obtained from me or unless such use of disclosure is specifically required or permitted by law.

I understand that I have the right to receive a copy of this authorization if I so request.

I hereby authorize release of the above information.

TYPE OR PRINT NAME OF PUPIL/PARENT/GUARDIAN/CONSERVATOR		RELATIONSHIP TO PUPIL	
SIGNATURE OF PUPIL/PARENT/GUARDIAN/CONSERVATOR		TELEPHONE	DATE SIGNED
COMPLETE ADDRESS (Number/Street/City/State/Zip Code)			