



WATERFORD SCHOOL DISTRICT

RELEASE OF INFORMATION

Student's Last Name First Name Date of Request

Student's Birthdate Grade Home Address

Children's Village School

Current School Name

1200 Telegraph; Building 87W

School Address

INFORMATION REQUESTED

- | | | |
|--|--|--|
| <input type="checkbox"/> Psychological Evaluation(s) | <input type="checkbox"/> Substance Abuse History | <input type="checkbox"/> IEPT Documents |
| <input type="checkbox"/> Social Emotional Behavioral Information | <input type="checkbox"/> Intake/Adjudicated Data | <input type="checkbox"/> MET Eligibility forms/reports |
| <input type="checkbox"/> Medical Evaluation(s) | <input type="checkbox"/> Psychiatric Evaluation(s) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Speech & Language Reports | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> General Information on Progress | <input type="checkbox"/> Diagnosis and/or Medication | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Behavior Progress Logs | <input type="checkbox"/> Open Communication | <input type="checkbox"/> View Only File |

PLEASE CHECK AND COMPLETE A and/or B:

Yes No

- ☐ ☐ 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 to send materials identified above to:

Children's Village School / Waterford School District

Attn: Ross Grossman, MA LLP; Natalie Stevens, LLMSW; and/or Diane Behrendt, Principal

1200 Telegraph, Building 87W Ph: (248) 858-5491

Pontiac, MI 48341-0021 FAX: (248) 452-9792

Yes No

- ☐ ☐ 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: _____
(Parent/Guardian or Student over 18)

Date: _____

☐ Verbal Consent of Parent/Guardian (by phone)

Date: _____

Signature: _____
(Person initiating request for transfer/Witness) Title

Date: _____

**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.