



WARREN COUNTY SCHOOL DISTRICT
 CENTRAL ADMINISTRATIVE OFFICES
 6820 MARKET STREET
 RUSSELL PA 16345-3406

AMY J. STEWART
 SUPERINTENDENT

AUTHORIZATION FOR RELEASE OF INFORMATION

Date _____

Student Name _____ Birth Date _____

Parent/Guardian Name _____ Phone # _____

Address _____ Work Phone # _____

WCS D School _____

WCS D Contact Person _____ Title _____

School Address _____ Phone # _____

_____ Fax # _____

For the purpose of coordination of services and educational related planning, I hereby authorize Warren County School District to send and receive information about my child with

Name of School District / Agency _____

Contact Person _____

Address _____ Phone # _____

_____ Fax # _____

Information To Be Released

All types **OR** Check applicable categories

<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Student Assistance	<input type="checkbox"/> Disciplinary
<input type="checkbox"/> Psychological	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Medical	<input type="checkbox"/> Instructional Support
<input type="checkbox"/> Neurological	<input type="checkbox"/> Audiological	<input type="checkbox"/> Vocational	<input type="checkbox"/> Drug & Alcohol
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Speech & Language	
<input type="checkbox"/> Other _____			

** Any records received by the Warren County School District will be placed in a file to which parents have access.

over

The Warren County School District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities or employment practices and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to Mr. Gary Weber, Title IX/Section 504 Coordinator at 6820 Market Street, Russell, PA 16345 or (814) 723-6900.

Information may be released via (check all that applies)

Telephone Copies of records Fax Email Other

Duration of authorization

Until student graduates Current school year Other _____

Additional information or instructions _____

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I understand that any such revocation shall not be effective to the extent that the initial authorization has already been relied upon to release information. **In the absence of a revocation, this authorization is valid for the time period selected above and will expire at the conclusion of the selected time period.** I recognize that protected health information, once received by the Warren County School District, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act (FERPA) and may be subject to re-disclosure without my consent to the extent that such re-disclosure is permissible under FERPA. I further recognize that education records released by the Warren County School District, once received by the designated entity, may also become protected health information protected by the HIPAA Privacy Rule and may be subject to re-disclosure without my consent to the extent that such re-disclosure is permissible under FERPA or HIPAA. I also understand that if I refuse to sign, such refusal will not interfere with my child's health care.

Parent Signature

Date

OR

Student Signature
(If student is 18 years of age or
an emancipated minor)

Date