

San Dieguito Union High School District
Authorization for Exchange of Information

Page _____ of _____

District of Residence _____

DATE _____

Student: _____
Last Name First M. Gender Age Date of Birth

Address: _____
Current Address City Zip Code Current School

Parent/Guardian: _____
Name Home Number Cell Number
E-mail address Work Number

I hereby authorize the exchange of information between the following:

Party or Agency: _____

School District : _____

Attention: _____ *Authorized Person* **Attention:** _____ *Authorized Person*

Please send records to the above stated district

Requested records will be used for the following purpose(s):

This authorization shall remain for one year from the date of signature unless revoked in writing by the parent or adult student, guardian or conservator.

I hereby consent to the release of the following records:

- Audiological reports Medical Reports Psychological / Psychiatric reports
 Individual Progress Plan (IPP) Individual Family Support Plan (IFSP)
 Educational Reports Physical Therapy /Occupational Therapy Evaluation, progress reports
 Other: _____

Signature: _____ **Date:** _____
Person Giving Consent: Adult Student
Indicate Relationship to Student: Parent Guardian Surrogate