

**BRITTEN SCHOOL
AUGUST 2020- AUGUST 2021**

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name _____ **Date of Birth** ___/___/___

The undersigned hereby authorizes and requests Britten School to exchange information with:

Individual

Organization

Street Address

Telephone

City, State, Zip Code

Fax

The information released includes only the following information:

_____ **Legal**

_____ **Vocational**

_____ **Health/Medical**

_____ **Educational**

_____ **Psychiatric/Psychological**

_____ **Other (Please Specify)**

The purpose of this release of information is for the coordination of educational and support services.

This authorization is valid for the school year 2020- 2021, unless otherwise specified.

I fully understand the following conditions:

1. The record and/or information that is to be released herein is privileged and confidential and may be released only by proper authorization, except as required by law.
2. I have the right to revoke this authorization at any time by submitting a written revocation to Britten School.
3. A copy of this authorization is as valid as the original.

Parent/Guardian Signature

Date

Signature of Student (if over 12 years of age)

Date

Witness

Date