

**BRITTEN SCHOOL  
AUGUST 2021- AUGUST 2022**

**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 2021- 2022, 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**