

Authorization for Release of Information

Student: _____ DOB: _____

Targeted Case Manager: _____

I, _____, authorize the release of information to be given to be given to **Levy Special Education Center**. Please release the following items:

- Psychological
 Medical Records
 IEP's
 Social History
 Other – all verbal and written information regarding any services

I also authorize the release and “exchange of information” between the following agencies, businesses, schools, people and Levy Special Education Center:

1.	5.
2.	6.
3.	7.
4.	8.

(Authorization expires one year for signature date)

Parent/Guardian

Date

Permission to Pick Up

I give permission for the person(s) listed below to pick up _____ (student) from school for end of day or for events such as doctor appointments, respite care, transportation, illness or other miscellaneous reasons. Please include everyone you have given permission to pick up your student from school including relatives, agency personnel, Levy staff, etc.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

If changes need to be made, please contact the office at 973-3410.

Parent/Guardian

Date