Authorization to Disclose Information (Page 1 of 2)

Kalamazoo RESA
Enhancing your school and community

Student:_____

School:_____

Parent/Legal Guardian:_____

(if student is under 18 or is not their own guardian)

AUTHORIZATION

I recognize the need for the agencies and persons listed below to disclose information about my child/me for such purposes as determining eligibility for services, coordination of services and determination of benefits. Therefore, within the limitations established by my written instructions and initials entered below, I hereby authorize the following persons and/or agencies to disclose oral and/or written information about the student identified above for the purpose of educational planning. I am aware that I may refuse to give my consent to any of the persons or agencies listed without penalty.

AUTHORIZATION INSTRUCTIONS

(1) Indicate whether the agency/person may or may not disclose information by placing ***your initials*** in the "yes" column. **(2)** List the agencies or persons working with your child/you. **(3)** Look at the "Information Codes". For each "yes", list what information may be disclosed by the agency/person by writing the number(s) or "all". If you have special instructions, i.e., only certain documents shared, or information released only to certain people, write them here. **(4)** Name agencies (using a-m or "all") that will be involved in a cooperative effort in sharing information that will lead to better utilization of community resources to best meet student's needs.

(1)YES *(initial)*	**(2) Agency/Person**	**(3) Info codes(1-14)/instructions**	**(4) Interagency Sharing (a-m)**
_____	**(a)**Community Advocates	_____	_____
_____	**(b)** Community Mental Health	_____	_____
_____	**(c)** Disability Network	_____	_____
_____	**(d)** Goodwill Industries	_____	_____
_____	**(e)** KRESA Districts	_____	_____
_____	**(f)** Michigan Commission for the Blind	_____	_____
_____	**(g)** Michigan Rehabilitation Services	_____	_____
_____	**(h)** Youth Offender Transitions Program	_____	_____
_____	**(i)**_____	_____	_____
_____	**(j)** _____	_____	_____
_____	(k) _____	_____	_____
	Parent(s) (list names if student is over 18):		
_____	**(l)**_____	_____	_____
_____	**(m)**_____	_____	_____

INFORMATION CODES

1 = Individual Education Plan (IEP)
2 = Individual Service Plan (ISP)
3 = Individual Plan for Employment (IPE)
4 = speech therapy reports
5 = occupational therapy reports
6 = physical therapy reports
7 = medical reports
8 = psychological reports
9 = initial assessment/evaluation report
10= progress reports
11= discharge summary
12= social histories/reports
13 = vocational summaries/reports
14 = other _____
_____
_____
_____
_____

Categories 1-2 do not include substance abuse information subject to federal confidentiality regulations, 42 CFR, Part 2, or information about serious communicable disease (HIV, AIDS, ARC, TB, Hepatitis). A separate release form is required to obtain this information.

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I further understand that information exchanged as a result of this authorization will be shared only with those persons in an agency with a legitimate interest in such information. A person or agency receiving information under this release may subsequently share this information only as authorized by this release (i.e., for the purposes stated above and with those persons or agencies I have authorized to access this information.). My authorization is voluntary and shall be effective until_____(not to exceed six/twelve months from the date this form is signed) or until I withdraw it in writing.

My signature verifies my authorization for information sharing and that I have read this form and/or have had it read to me and explained in language that I can understand.

_____ _____
Signature of Student or Parent/Guardian Date signed

Student or Parent/Guardian to Place Initials Here_____

Authorization Obtained By:

_____ _____
Witness Date Signed

To renew authorization: If authorization changes complete a new form.
If authorization remains the same (both in terms of person authorizing and content), check the box and sign below.

I renew my authorization date_____. This authorization will remain in effect
Until _____ or until revoked in writing.

_____ _____
Signature of Parent/Guardian Date Signed

To withdraw consent, check the box and sign below.

I withdraw my consent for personal/agencies to share information as listed on the Authorization to Share Information Form dated _____

_____ _____
Signature of Parent/Guardian Date Signed

Periodic parent contacts to explore reconsideration of refusal to share information

Revised: 09/2009