Capital School District
Student Services Office
198 Commerce Way, Dover, DE 19904
Office Phone (302) 857-4237

AUTHORIZATION FOR THE RELEASE OF INFORMATION

(THIS IS TO BE COMPLETED AND SIGNED BY THE PARENT/GUARDIAN)

Student:	**Date of Birth:**

I hereby authorize the following individuals or organizations to release information:

To the following individuals or organizations: Capital School District

The type of information to be provided is:

___ Diagnosis
___ Medications
___ Frequency of Treatment
___ Level of Care
___ Assessments
___ Treatment Goals
___ School Based Treatment Goals
___ Recommendations for School Plan
___ Testing
___ Other: _____

The purpose of providing this information is:

- To plan, monitor, refer, and coordinate care between the named identities for the sole purpose of providing the best and most accurate services to the child/student.

This authorization is valid until:

- ☐ One year from the date of signature
- ☐ The following date or event (not to exceed one year): _____

In signing this authorization I understand:

- This authorization is voluntary and services are not dependent on my authorization.
- I have a right to receive a copy of my authorization.
- This authorization may be revoked at any time by writing to the originating agency. The revocation will be effective on receipt, but will not affect actions taken prior to receiving my revocation.
- If I request release of information to individuals or organizations that are not subject to state or federal privacy regulations, the information could be re-disclosed without privacy protections.

_____
Client/Student Signature*

_____ _____
Printed Name **Date**

_____
Representative Signature (Parent / Guardian / Custodian – circle one)

_____ _____
Printed Name **Date**

*The signature of a minor client (under age 18) is required for the release of information which is, for example,

- from a school-based Wellness Center
- protected by federal regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records

Records protected under Delaware law or federal privacy regulations cannot be disclosed without written authorization unless otherwise provided for in the regulations. See, for example,

- Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2
- Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 160 & 164
- Family Educational Rights and Privacy Act (“FERPA”), 34 CFR Part 99