

GARFIELD HEIGHTS CITY SCHOOLS

5640 Briarcliff Dr, Garfield Hts, Oh 44125 / 216-475-8100 Fax: 216-475-2671

CONSENT FOR RELEASE OF SCHOOL RECORDS, PERSONAL RECORDS AND CONFIDENTIAL INFORMATION

Student Name _____ Date of Birth _____ Grade _____

Parent/Guardian Name _____

The following agency/individual/school district have my permission to exchange/receive/share information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above named person.

School (previously attended) _____ Phone: _____ Fax: _____

I authorize exchanging/giving/receiving of the following information if needed by the receiving agency to secure, coordinate and provide services to the individual.

Identifying information: Name, birth date, social security number, sex, race, address, phone number
Case information: All medical, social history, psychological evaluations, ETR, IEP, 504 Plans, IFSP, transition plans, vocational assessments, grades (including grades in progress), attendance, school profile explaining, credits and grading system, standardized test scores, proficiency test scores, immunization/health records, speech/hearing/language evaluation, other information regarding the above student (disability, type of service being received and agency providing services)
Financial Information: Public assistance eligibility (i.e. Cleveland Metropolitan Housing Authority, Section 8, HUD, SNAP, WIC, SSI, etc), and payment information provided for establishing residency

I understand that the Consent for Release of Personal & Confidential Information does not expire and that I may cancel this Consent for Release of Personal & Confidential Information at any time by stating so in writing with the date and my signature and delivering it to Garfield Heights City Schools. The revocation does not include any information, which has been shared between the time that I gave permission to share information and the time that it was canceled. I understand that my signing or refusing to sign this consent does not affect public benefits or services that I am eligible for.

Parent/Guardian Signature _____ Date _____

Student Signature (if over 18) _____ Date _____

PLEASE FORWARD THE FOLLOWING DOCUMENTS

- Last report card/Grades in progress Immunization records
 ETR / IEP Other: _____

EMAIL RECORDS/DOCUMENTS TO:

ghcsenrollment@ghbulldogs.org

Or fax to 216-475-2671

**Violation of Federal Law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurred.
TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:**

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:
Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality has been protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.
2. If the records released include information of an HIV related diagnosis or test results the following statement applies:
This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnosis.
3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless further disclosure is expressly permitted by the person to whom it pertains, Juvenile Court/DYS in the case of youth records, or applicable federal and/or state law.

Thank you, Betty Hegedus, Garfield Hts City School District Registrar