Washtenaw I S D
A REGIONAL EDUCATIONAL SERVICE AGENCY

1819 S. Wagner Rd.
Ann Arbor, MI 48103
734-994-8100

AUTHORIZED RELEASE/EXCHANGE OF INFORMATION

Name: _____ Date of Birth: _____
Parent/Guardian: _____ Home Phone: _____
Address:
City/State/Zip: _____

I hereby give permission for exchange of verbal, written, and/or electronic information between _____ and:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

I understand that my signature authorizes both parties to exchange any and all pertinent data noted below, including psychometric and psychiatric studies, speech, medical, and other information designated as "confidential." Data may include information pertaining to the areas indicated below:

Most Recent	History		Most Recent	History		Most Recent	History	
□	□	CA-60 Student File	□	□	OT/PT Reports	□	□	Psychiatric
□	□	IEP/IFSP	□	□	Speech/Language Reports	□	□	Vision/Hearing Reports
□	□	Birth Certificate	□	□	Social/Developmental History	□	□	Academic/Educational Reports
□	□	Immunizations	□	□	Social Work	□	□	Assistive Technology
□	□	Psychological Reports	□	□	Behavior Plan	□	□	Eligibility Reports
□	□	Substance Abuse Records	□	□	Court Related Reports	□	□	Other
□	□	Early Childhood Reports	□	□	Health/Medical Records	□	□	

The purpose and need for such disclosure is: □ Educational Planning □ Other

Please send information to:

I am authorized to release such information as a parent with custody or legally authorized guardian. My authorization is voluntary and shall be effective for one (1) year from the date of this form. I can revoke this authorization at any time. Revocations must be made in writing and sent to the address listed at the top of this form. Revocations will not apply to information that already has been released. I also understand that re-disclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

_____ _____
Parent/Guardian Signature Witness

_____ _____
Date Date

Check the Distribution Route: □ Registry □ Parent □ CA-60