Rottweiler Education Advocate LLC

Shauna Rottweiler, M.A. · 209.809.3630

Authorization for Release of Information

Student Information:

Last Name	First Name	MI

Phone	Date of Birth	Grade

I authorize the following individual or organization to disclose the above named individual's educational/medical information as described below and this information is to be released from (check as needed):

- ☐ Rottweiler Education Advocate LLC
- ☐ _____ School District
- ☐ _____ Unified School District
- ☐ _____ County Office of Education
- ☐ Modesto City Schools
- ☐ Sylvan Unified School District
- ☐ Stanislaus County Office of Education
- ☐ Oakdale Joint Unified School District
- ☐ California Children's Service (CCS)
- ☐ Valley Mountain Regional Center/Regional Center
- ☐ Guiding Light Special Education Advocacy LLC
- ☐ Other _____
- ☐ Other _____

Duration: This authorization shall become effective immediately and shall remain in effect until _____ (date) or for one year from the date of signature if no date is entered.

Revocation: I understand that I have the right to revoke the authorization, in writing, at any time by sending written notification to the releasing agency. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization.

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Authorization for Release of Information

Student Information:

Last Name	First Name	MI

Re-disclosure: I understand that health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and it is no longer protected by Federal laws and regulations regarding the privacy of protected health information.

Health Info: I understand that authorizing the disclosure of health information is voluntary. I can refuse to sign this authorization.

I request that the information released pursuant to this authorization be used for Educational Assessment and Educational Planning.

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Authorization for Release of Information

Student Information:

Last Name _____ First Name _____ MI _____

DESCRIPTION OF INFORMATION TO BE DISCLOSED:

- ☐ Individualized Education Plan (IEP)
- ☐ Psychologist Report
- ☐ Email/Phone Correspondence
- ☐ Behavior Report
- ☐ CAASPP/State Test Score Report
- ☐ Mental Health Records/Reports
- ☐ Speech Report
- ☐ Disciplinary Report
- ☐ 504
- ☐ Transcripts
- ☐ Grade Report/Report Card
- ☐ Educational Records
- ☐ Independent Educational Evaluation (IEE)
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

SIGNATURE AUTHORIZING RELEASE OF INFORMATION:

A copy of this authorization is valid as an original. You may inspect or copy the information to be disclosed. I understand and have the right to receive a copy of this authorization for my records. I understand I have the right to submit a written statement to revoke authorization to release information.

Signature of Parent/Legal Guardian _____ Date _____