



Authorization to Release Confidential Student Information

Student Full Name (Please Print): _____ Date of Birth: ____/____/____

Parent/Guardian Name (Please Print): _____ School: _____

I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

PERSON/AGENCY RELEASING RECORDS (PLEASE PRINT):

Name/Organization: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

**Favor Academy of Excellence, Inc.
FAE Tutoring and Intervention Center
8641 Dorris Road – Suite 230B
Douglasville, Ga 30134**

- Release of student information will be reciprocal between persons/agencies listed above (Please check box).
- I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Favor Academy of Excellence, Inc. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.
- This authorization expires: ____/____/____
(insert applicable date or if blank, consent expires 12 months from date signed on this release)

The Following Information will be released/exchanged (Check All That Apply):

<p>EduCAtIONAL RECORDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Student Educational Records <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment <input type="checkbox"/> Withdrawal <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> Grades/Progress reports <input type="checkbox"/> Immunization <input type="checkbox"/> Official Transcript <input type="checkbox"/> Student Intervention Team records/minutes/plans <input type="checkbox"/> Other: _____ <p>SPECIAL EDuCAtION RECORDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Special Education Evaluation and Records <ul style="list-style-type: none"> <input type="checkbox"/> Educational Evaluation/Student Achievement <input type="checkbox"/> IEP Meeting Minutes <input type="checkbox"/> Individualized Education Plans (IEP) <input type="checkbox"/> Consent for Placement <input type="checkbox"/> Consent for Evaluation <input type="checkbox"/> Adaptive Behavior reports or checklists <input type="checkbox"/> Behavioral reports or checklists <input type="checkbox"/> Transition Plan <input type="checkbox"/> Eligibility Report for all Categories of Disability <input type="checkbox"/> Developmental/Social/Behavioral History <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ 	<p>SPECIALIZED EVALUATIONS AND RECORDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Specialized Evaluation and Records <ul style="list-style-type: none"> <input type="checkbox"/> Psychological <input type="checkbox"/> Neuropsychological <input type="checkbox"/> Treatment Plan/Recommendations <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Otological <input type="checkbox"/> Audiological <input type="checkbox"/> Other: _____ <p>MEDICAL EVALUATION AND RECORDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Medical Records <ul style="list-style-type: none"> <input type="checkbox"/> Psychiatric <input type="checkbox"/> Diagnoses <input type="checkbox"/> Medications <input type="checkbox"/> Educational Impact Summary <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Outpatient Treatment Plan <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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Parent/Guardian Signature: _____

Date: ____/____/____