



Alamance-Burlington School System

1712 Vaughn Road, Burlington, North Carolina 27217

(336) 438-4140 Fax (336) 570-6078

www.abss.k12.nc.us

Kristy Davis, Ed.D.
Chief Student Services Officer

Yolanda Anderson
Executive Director, Student Support Services

ABEC 72

Consent for Release of Confidential Information

Information to be Released by:

Agency/School _____

Address _____

Telephone _____ Fax _____

Name/Position _____

Information to be Released to:

Agency (Write name of agency or person)

Alamance-Burlington School System

Crystal Smith, Administrative Assistant

Address/Phone Number

1712 Vaughn Road

Burlington, NC 27244

Specific information to be released:

- | | | |
|--|---|---|
| <input type="checkbox"/> Unlimited disclosure | <input type="checkbox"/> Vision testing/reports | <input type="checkbox"/> Health/medical evaluations |
| <input type="checkbox"/> Hearing/Audiological | <input type="checkbox"/> Social/developmental history | <input type="checkbox"/> ADHD/ADD screening reports |
| <input type="checkbox"/> Educational assessments | <input type="checkbox"/> Exceptional Children records | <input type="checkbox"/> Speech/Language testing |
| <input type="checkbox"/> Psychological evaluations | <input type="checkbox"/> Psychiatric evaluations | <input type="checkbox"/> Other _____ |

I give my permission for the information listed above regarding this student _____
_____ (full name, date of birth ____/____/____, to be released as indicated.

The purpose of exchanging this data shall be for education planning. I understand what information will be released, the purpose for the release of the information, and that there are statutes and regulations protecting the confidentiality of the information. I understand that the federal privacy law (45 CFR Part 164) protecting health information may not apply to the recipient of the information and therefore may not prohibit the recipient from redisclosing it. I also understand that other laws may prohibit redisclosure without consent of the student, parent(s), or legal guardian. I understand that students served shall receive appropriate services and continuity of care. In order to accomplish this, information may be shared in written and verbal forms between other agencies as deemed necessary.

Signed by: _____
(Circle) Parent/Legal Guardian/Surrogate Parent/Student over age 18

Date: _____

Witnessed by: _____

Position _____

Date Sent to Agency _____ Date Records Received _____ Ending Date of Consent _____

Permanently retain original signed copy in student's confidential folder.