

Authorization for Release of Information

Missoula County Public Schools

215 S. 6th Street West

Missoula MT 59801

406-728-2400

Student Last Name: _____

Student First Name: _____

Student Middle Name: _____

Date of Birth: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Parent Authorization

I authorize Missoula County Public Schools to:

Release

Receive

The following information:

All medical records

Only medical records from this provider: _____

Educational

Special education records

Transcripts:

Psychological (including testing data)

Other:

Information to be released from:

Address: _____

Fax Number: _____

Phone Number: _____

Send information to: _____

Address: _____

Fax Information to: _____

Purpose of Disclosure: _____

The medical record includes all health care information, whether oral or recorded in any form or medium that identifies the patient or can readily be associated with the patient and relates to the patient's care. This includes all health care information in your/our possession, whether generated by you/us or any other source, as well as health care information associated with drug/alcohol abuse, mental or psychiatric care, abortion, and HIV status and/or diagnosis of AIDS and/or other sexually transmitted diseases including hepatitis.

Provision of educational services and treatment are not contingent upon receipt of requested information. The

records released to Missoula County Public Schools become part of the student's file. A parent, guardian or the student (upon reaching the age of 18) has the right to view and/or receive a copy of the contents of the file.

I understand that this authorization may be revoked by me at any time, provided I do so in writing and submit it to MCPS up to the extent that the disclosure has not already been made. I also understand that my protected information may be redisclosed by the recipient and no longer be protected under federal law. Information received by MCPS will be subject under FERPA regulations.

Signature of parent/guardian/self (of 18 or older): _____

Date: _____

Expiration Date: 12 months if not otherwise noted _____