Wood County Educational Service Center
Release of Confidential Information

I, _____, hereby authorize that information can be shared among and between the
(Full name of Parent/Guardian)

following parties regarding _____, born _____.
(Full name of Student) Student's DOB

(Name)	(Address)
Wood County Educational Service Center	**1867 N. Research Dr., Bowling Green OH 43402**
_____	_____
_____	_____

This authorization is limited specifically to materials of the following nature and extent:

Date(s): _____

- ❑ School Information (including IEP/ETR)
- ❑ Medical History/Health record (including Immunization)
- ❑ Social History
- ❑ State Assessment Results
- ❑ Other (specify): _____
- ❑ Diagnostic Assessment/Treatment Plan
- ❑ SSID (Ohio Statewide Student Identifier)
- ❑ Birth Certificate/SSN
- ❑ Custody Papers (if applicable)

(Identify/describe nature of extent of information to be disclosed, as limited as possible)

The purpose of the disclosure is to: _____

_____
(Describe purpose of disclosure, as specific as possible)

I understand that I may revoke this authorization at any time, except to the extent that action has been taken in reliance on it. I understand that revocation of this authorization must be in writing, must include the signature of the student (if over 18) or student's parent/legal guardian and date signed, and be delivered to the Wood County Educational Service Center. If not previously revoked, this authorization terminates on the following specific date, event or condition.

_____
(Not to exceed one hundred eighty (180) days after the date below)

I understand that the information disclosed is protected by law and may not be re-disclosed without my written authorization or as otherwise authorized by law.

_____ _____ _____
(Signature of student or person authorized to consent) Date (Relationship to student)

_____ _____
(Signature of person facilitating authorization) Date

The information to be disclosed is protected by Federal confidentiality rules (42 CFR Part 2) and/or Ohio law (O.R.C. 5122.31; O.A.C. 5122-27-09). The Federal rules and Ohio law prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2 and applicable Ohio law. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Original of this form maintained in student file
Copy of this form to parent
Copy of this form sent to named agencies