

UNIONVILLE-CHADDS FORD SCHOOL DISTRICT

School Social Work/ School Counseling Departments

CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby authorize Unionville-Chadds Ford School District to share the following information regarding _____ with the agencies or persons listed below. This information may be in the form of: written records verbal information.

This information is requested for the purposes of treatment coordination; evaluation; case management; other (*specify*) _____

I understand that this consent for the release of information will be in effect beginning _____ and will expire _____ (not greater than 6 months.) I further understand that this consent may be revoked at any time by written request (or by verbal request if I am unable to provide a signature) unless already acted upon by Unionville-Chadds Ford School District.

I am only authorizing the release of the information/reports as specified below:

- | | |
|-------------------------------------|-------------------------------------|
| _____ Psychological Evaluation | _____ Neuropsychological Evaluation |
| _____ Psychiatric Evaluation | _____ Medical History/Evaluation |
| _____ Discharge Summary | _____ Social Work Report |
| _____ Treatment Plan/Aftercare Plan | _____ Court Records |
| _____ Assessment/Evaluation Summary | _____ Academic Records |
| _____ Neurological Evaluation | _____ Other: _____ |

Information may be released to/from (specify):

To/from: (Name and number)

Unionville-Chadds Ford School District
740 Unionville Rd.
Kennett Square PA 19348

Attn:
School Social Worker:

School Counselor:

School Psychologist:

This information is protected by confidentiality rules and school district policies. These rules prohibit any further disclosure of this information unless further disclosure is requested by the written consent of the person to whom it pertains or as otherwise permitted by law. Federal rules restrict any use of information regarding alcohol or drug abuse treatment.

I understand that I am consenting to release this confidential information to be used only in a professional manner by the person/organization to which this information is being forwarded.

Student Signature

Date

Signature of Parent/Guardian

Date