Kenosha Unified School District No. 1
3600 52nd Street – Kenosha, Wisconsin 53144 – (262) 359-5950

Revised 9/04

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

Name: _____ ID No.: _____ DOB: _____ Date: _____

INSTRUCTIONS: Complete one or both of the Authorization Statements below, place checkmarks by the information that may be disclosed and sign the authorization. In order to allow the exchange of information between the Kenosha Unified School District No. 1 and the identified individual/entity, please check both of the Authorization Statements.

AUTHORIZATION STATEMENTS:

X I, the undersigned, hereby authorize the Kenosha Unified School District No. 1 to disclose by any means (including written, oral or electronic means) the information indicated below regarding the student to:

Name	Address
Dr.	**Phone:**
	Fax:

X I, the undersigned, hereby authorize, **Dr.** (insert name of individual, organization, or agency) to disclose by any means (including written, oral or electronic means) the information indicated below to the Kenosha Unified School District No. 1.

Please correspond/communicate this information with _____at _____.

INFORMATION TO BE DISCLOSED

Education Information/Records
- ☐ Progress Records
- ☐ Behavioral Records
- ☐ Pupil Physical Health Records
- ☐ Psychological Records
- ☐ Special Education Records
- ☐ Outside Agency Records
- ☐ Law Enforcement Records

Health Information/Records
- **X** Patient Health Information (specify or indicate "all")

****All**

_____

_____

- ☐ Alcohol/Drug Abuse Records
- ☐ Mental Health Records
- ☐ Developmental Disabilities

Other Information/Records (specify)

_____

_____

PURPOSE OF DISCLOSURE: The information is requested for the purpose of educational programming and service, medical evaluation and treatment, health assessment and planning, or other (specify, such as "at request of the individual")

ACKNOWLEDGMENTS: Receive Records & Authorization – I understand that I have a right to a copy of the records that are disclosed and a right to a copy of this authorization. **Withdrawal of Authorization** – I understand that I have the right to revoke this authorization, except to the extent that disclosure has already been made in reliance on this authorization. I understand that my revocation is effective only if it is in writing and it is submitted to the individual/entity that is releasing information. **Re-Disclosure of Health Information** – I understand that if my child's health information is released pursuant to this authorization, it may be subject to re-disclosure by a person who receives the health information and may not be protected by federal law. **Voluntary Authorization** – I understand that a health care provider may not condition health care treatment, payment or eligibility for health plan benefits of whether or not I sign this authorization.

This permission is valid for one year from the date signed. A copy of this form is as effective as the original. I certify that I am the parent, legal guardian, personal representative of the above named student, or that I am the student and of majority age, and have authority to sign this release.

_____ _____
Signature Date

_____ _____
Print Name Relationship to Student (parent, guardian, personal representative or adult student)

Check here if you are requesting a copy of education records disclosed by the Kenosha Unified School District No. 1 (a fee for education record copies may be imposed).

The Kenosha Unified School District No. 1 is an Equal Opportunity Educator/Employer with established policies prohibiting discrimination on the basis of age, race, creed, religion, color, sex, national origin, disability or handicap, sexual orientation, or political affiliation in any educational program, activity, or employment in the District. The Superintendent of Schools/designee (262-359-6320) addresses questions regarding student discrimination, and the Executive Director of Human Resources (262-359-6333) answers questions concerning staff discrimination.

Original to ESC Copy to Parent(s)/Guardian(s) Copy to Agency Copy to Student Record