



Authorization For Exchange of Confidential Information

The School Solution

Student Name _____

Date of Birth _____

Is currently using the services of Karen Mabie, Educational Consultant.

I/We hereby authorize the exchange of confidential information and records that will benefit the appropriate placement of the Student, including:

___ Transcripts/Grade reports

___ Psychological Assessments/Reports

___ Phone Conversations

___ Phone consultation/recommendation

___ Treatment records

___ School Counseling records

Records and information to be exchanged with:

Name _____

Organization _____

Address _____

Phone _____

email _____

Fax _____

It is understood that these reports or discussions will be used only in the furtherance of determining current and future academic or therapeutic plans for the above student. Such information shall remain confidential and shall be used in a manner to insure the protection and safeguarding of all rights provided by law otherwise.

This authorization shall remain in effect for two years or until revoked by me in writing.

A photocopy or fax of this authorization shall be valid as the original.

Signature of Parent/Client/Guardian _____ Date _____

Printed Name _____ Relationship to Minor _____

Signature of Parent/Client/Guardian _____ Date _____

Printed Name _____ Relationship to Minor _____