

ONEONTA CITY SCHOOLS
Medical Condition Release Form
FERPA/HIPPA AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____

Date of Birth: _____ Grade: _____

I hereby authorize Oneonta City Schools to release/receive my child's information/records to/from:

Name:	
Relationship:	
Street Address:	
City, State, Zip:	
Phone:	
Fax:	

- Official student academic/administrative records (including but not limited to: identifying information, attendance records, and school progress information).
- Medical and/or related records.
- Psychological evaluations or social work reports.
- IEP, 504, ELL, or PST evaluations and related reports.
- Appropriate agency reports.
- Extracurricular activity participation.
- Classroom observation/evaluation.
- Other _____

AUTHORIZATION

This authorization is valid for one calendar year. It will expire on _____. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care and/or educational services.

Parent/Guardian Signature:	Date:
Student Signature: (if student is 18 or older)	Date: