



THE SYCAMORE
SCHOOL
Learning Rediscovered

AUTHORIZATION FOR EXCHANGE OF INFORMATION

I authorize the following organizations, The Sycamore School, and _____ to release/exchange information and share communication in verbal, written, and/or electronic form regarding:

(Student Name) (Date of Birth)

This information is to be used for educational evaluation and program planning.

Information for release includes the following: (Please Check)

- _____ Grades/Report Card
- _____ Standardized Test Results
- _____ Health/Immunization Records
- _____ Attendance Records
- _____ Transcripts/Credit Data
- _____ Discipline Records
- _____ Psychological/Psychoeducational/Neuropsychological Evaluations
- _____ Psychiatric Evaluation
- _____ Special Education Data (e.g., 504 Plan, IEP)
- _____ Gifted Education Data (if separate from special education)
- _____ Other, Please Specify: _____

Authorization

This authorization is valid for one calendar year. It will expire on _____ [insert date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act.

(Parent/Legal Guardian) (Date)

Please complete this form and mail to:
Karyn Ewart
The Sycamore School
6224 12th Road North, Arlington, VA 22205

10/1/16