

LEDYARD PUBLIC SCHOOLS
4 Blonders Blvd, Ledyard, CT 06339
Telephone: 860-464-9255 Fax: 860-464-8589

RELEASE OF INFORMATION AUTHORIZATION
(HIPPA COMPLIANT AUTHORIZATION)

Student's Name: _____ Date of Birth: _____

I hereby authorize _____
 (name of medical, educational, or other authority in possession of records)
 to release my/my child's health information, medical, psychological and/or educational records for the purpose listed below to:

_____ to be sent to the individual school checked off below. **The health care provider should forward records in an envelope marked "Confidential" to the address below.**

The information to be disclosed consists of: **Academic Testing, Special Education, Health, Discipline and Attendance**

The information will be used for: **Academic Placement**

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. I recognize that these records, once received by the school district, may no longer be protected by the HIPPA Privacy Act, but will become educational records protected by the Family Educational Rights to Privacy Act ("FERPA"). I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Two way communication

Parent's Signature _____ Date: _____

Student's Signature * _____ Date: _____

*(If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. A competent minor, depending on their age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS and reproductive health care services)

Gales Ferry School
 1858 Route 12
 Gales Ferry, CT 06335
 Phone: 860-464-766 4
 Fax: 860-464-513 8
 Authorized Recipient: _____

Gallup Hill School
 169 Gallup Hill Road
 Ledyard, CT 06339
 Phone: 860-536-9477
 Fax: 860-572-2788
 Authorized Recipient: _____

Juliet Long School
 1854 Route 12
 Gales Ferry, CT 06335
 Phone: 860-464-2780
 Fax: 860-464-5139
 Authorized Recipient: _____

Ledyard Center School
 740 Colonel Ledyard Hwy
 Ledyard, CT 06339
 Phone: 860-464-8080
 Fax: 860-464-5140
 Authorized Recipient: _____

Ledyard Middle School
 1860 Route 12
 Gales Ferry, CT 06335
 Phone: 860-464-0200
 Fax: 860-464-2155
 Authorized Recipient: _____

Ledyard High School
 24 Gallup Hill Road
 Ledyard, CT 06339
 Phone: 860-464-9600
 Fax: 860-464-1990
 Authorized Recipient: _____

Ledyard Public School
 4 Blonders Blvd
 Ledyard, CT 06339
 Phone: 860-464-9225/Fax: 860-464-8589
 Authorized Recipient: _____

 Authorized Recipient: _____