



**THE MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING**

STATEWIDE EDUCATIONAL SERVICES

One Mackworth Island, Falmouth, ME 04105  
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**Authorization for Release of Information  
To / by the MECDDH Outreach Program**

I, \_\_\_\_\_ the parent/guardian

of \_\_\_\_\_ authorize the following

agencies/people to release/share information regarding my child:

School District \_\_\_\_\_

Audiologist \_\_\_\_\_

Physician \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

I understand this release is in effect until I revoke it by notifying the MECDDH Outreach program.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date