THE MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING
THE GOVERNOR BAXTER SCHOOL FOR THE DEAF
One Mackworth Island, Falmouth, ME 04105

Authorization for Release of Information to/by MECDHH/GBSD Early Intervention & Family Services (EIFS)

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 MECDHH/GBSD Early Intervention & Family Services.

_____

*Name printed & signed, of Parent/Legal Guardian authorizing release of information

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

_____

Date

****Any changes made to this release after the initial signing must be initialed by the parent. ****