

## MECDHH/GBSD

# Authorization to Release and Share Information Form, *Agency/Agent* School 2022-2023Year

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize the Maine Educational Center for the Deaf and Hard of Hearing (MECDHH) to request and/or share information and records pertaining to my child with:

\_\_\_\_\_  
Name of Audiology Office (if applicable)

\_\_\_\_\_  
Phone Number

I understand that this Authorization permits MECDHH to:

- Communicate with the Provider listed above regarding coordination of early intervention/special education and related services for my child
- Request from the Provider listed above: reports, evaluations, progress notes and recommendations
- Share with the Provider listed above any information that is maintained in my child's MECDHH file, whether generated by persons employed by or contracted with MECDHH

Specific records/documents to be requested or shared:

- Evaluation Reports
- Educational Plans
- Plans of Care/Treatment Plans
- Progress Notes
- Financial Resources Form
- Other (describe) \_\_\_\_\_

This information will be used for the following purpose(s):

- To assist in determining appropriate educational placement and/or programming
- To assist in determining the need for further educational/medical information
- To provide additional evaluation data
- For data collection/notification purposes at both the local and state level
- Other (describe) \_\_\_\_\_

MECDHH applies the Family Educational Rights and Privacy Act (FERPA, see page 6) regarding confidentiality of client records. Information regarding my child:

- Will be maintained in a confidential file that is available for my review at the MECDHH office upon request.
- May be shared with persons employed by or contracted with MECDHH when relevant.

This authorization is effective for a period of no longer than twelve (12) months, will be reviewed annually, and may be revoked at any time. Revocation does not negate any requested and/or shared information obtained after the consent was given and before the consent was revoked.

\_\_\_\_\_  
Signature of Parent/Guardian\* Date: \_\_\_\_\_

\*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.