



Jackson County Intermediate School District/Lyle Torrant Center
 6700 Browns Lake Rd./1175 W. Parnall
 Jackson, MI 49201

JCISD Phone: 517-768-5200 - Fax: 517-787-2026 /Torrant Phone: 517-787-8910 - Fax: 517-787-1932

AUTHORIZED RELEASE OF INFORMATION

Name: _____ Date of Birth: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ City/State/Zip: _____

I hereby give permission for exchange of information between the Jackson County Intermediate School District and:

Doctor/Agency/Person's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

I understand that my signature authorizes both parties to exchange any and all pertinent data noted below, including psychometric and psychiatric studies, speech, medical and other information designated as "confidential". Data may include information pertaining to the areas indicated below:

- | | | |
|--|---|---|
| <input type="checkbox"/> CA-60 Student File | <input type="checkbox"/> OT/PT Reports | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Most Recent IEP/IFSP | <input type="checkbox"/> Speech/Language Reports | <input type="checkbox"/> Vision/Hearing Reports |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Social/Developmental History | <input type="checkbox"/> Academic/Educational Reports |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Social Work | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Behavior Plan | <input type="checkbox"/> Eligibility Reports |
| <input type="checkbox"/> Substance Abuse Reports | <input type="checkbox"/> Court Related Reports | <input type="checkbox"/> Other |
| <input type="checkbox"/> Early Childhood Reports | <input type="checkbox"/> Health/Medical Records | |

The purpose and need for such disclosure is:

- X Determination of Special Education Eligibility
- X Development of Individualized Education Program (IEP) and/or Behavioral Intervention Plan
- X Coordination of services and continuing care

Please send information to: Lyle Torrant Center
 1175 W. Parnall Rd.
 Jackson, MI 49201

I am authorized to release such information as a parent with custody or legally authorized guardian. My authorization is voluntary and shall be effective for one (1) year from the date this form is signed or until I withdraw it in writing. Once information has been disclosed, JCISD can no longer protect it from further disclosure.

 Parent/Guardian Signature

 Relationship to student

 Witness

 Date

 Date