

STUDENT SUPPORT SERVICES

1400 E. Janss Rd., Thousand Oaks CA 91362 (805) 497-9511

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF MEDICAL AND/OR EDUCATIONAL INFORMATION

Student's Name Parents/Guardian Name			Gender	Birth Date
			School	Grade
Street Address Apartme		Apartment #	Preferred Contact N	
		-	, , ,	
City I authorize th Release t	State the Conejo Valley Unified School District to: to □ Request information pertaining to the		Email individual as described belo	w:
Individual or Organization Disclosing/Receiving Information:			Individual or Organization Disclosing/Receiving Information:	
<u>CVUSD</u> - (School / Name		Dept.) ${\text{Name}}$	Name	
Address		Addres	Address	
Phone Number		Phone 1	Phone Number	
Email		Email	Email	
the releasing agency. Written revocation will be a been released in response to this authorization. I understand that health information used or discles recipient and it is no longer protected by Federal lase. I further understand the confidentiality of the information used or discless to the information used or discless recipient and it is no longer protected by Federal lase. I further understand the confidentiality of the information used or discless to the information used or discless recipient and it is no longer protected by Federal lase.		disclosed pursual laws and regular information wh	on receipt, but will not apply nt to this authorization may be alations regarding the privacy of then released to a public educa	to information that has also to information that has also to redisclosure be subject to redisclosure be protected health information.
formation:	I understand that authorizing the disclosure of		•	
	(s): Indicate type of information to be disclosed: Ith Psychological or Counseling Information			
-	e information released pursuant to this authoriza onal Assessment Educational Planning		the following purposes only:	
	authorization is as valid as an original. It I have a right to receive a copy of this authorize	ation for my rec	ords.	
rent/Guardian Signature R			hip to Student	Date
rson requestir				
stribution:	☐ District Office ☐ Appropriate Individua	al/Agency 🗆	Cumulative Folder	