ARLYN SCHOOL

Therapeutic Day School ✦ Extended Day Program ✦ Transition Program
2789 Oak Street ✦ Highland Park, Illinois 60035-1403 ✦ (847) 256-7117 ✦ Fax (847) 256-7188

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____
Agency/Institution *Contact Person(s)*

_____
Address *City/Zip*

_____
Phone *Fax Number*

_____
Email Address

I hereby consent to the release of information to and from the Arlyn School from the records of:

Student's Name: _____ Date of Birth: _____

Address: _____

Nature of Information to be Shared – To Be Completed by Staff

❒ Social History	❒ Medical History/Immunization Records	❒ Other (specify):
❒ Psychiatric Evaluation	❒ Admission/Discharge Summary	
❒ Psychological Evaluation	❒ Verbal Exchange of Information	❒ Other (specify):
❒ Current IEP	❒ Educational Evaluation/Testing	
❒ School Transcript	❒ Treatment Summary	_____

This information will be used for the purpose of educational and treatment planning during the student's course of enrollment in Arlyn School. This authorization will be valid for no longer than one calendar year from the date of signing and may be revoked at any prior date upon written request. This authorization expires on: _____ (*one year unless otherwise specified*).

The information requested will not be further disclosed or used for any purpose other than as stated in this authorization without our expressed consent. We understand that we have the right to inspect, copy and challenge the contents of the school student records in question prior to release and the right to limit any consent for the release of the school student records to designated records or designated portions of information in the school student records.

We understand that should we refuse to consent, this may result in an interference in placement and coordination of treatment. Additional consequences of refusal may be: _____.

_____
Student Signature Date

_____
Parent/Guardian Signature *(not required if student is 18 or older)* Date

_____
Witness Signature Date

Please send the above information to:
Judy Goldstein, Executive Director/Records Custodian
Arlyn School, 2789 Oak St, Highland Park, IL 60035
jgoldstein@arlynschool.org