



TWO WAY CONSENT AND AUTHORIZATION
FOR RELEASE OF INFORMATION

I (We) hereby authorize the information stated below to be exchanged between:

_____ and The Pathways School

() _____

Releasing information regarding:

_____	_____	_____	_____
First Name	Middle Name	Last Name	Date of Birth

Specific Information to be released (e.g., reports, evaluations, summaries, conferences, name of evaluator(s), dates of reports, etc.): **THIS SECTION MUST BE FILLED IN.**

This authorization is signed with the express understanding that the released information shall not be used for any purpose other than to provide and coordinate educational and therapeutic services, shall be maintained in a confidential manner and shall not be disclosed by The Pathways School to any other persons, groups or organizations besides the party stated above or the local education agency responsible for the student's education. A copy of the information released may be provided to the parent, guardian or student upon request. This consent and authorization may be revoked in writing at any time.

Signature of Parent/Guardian

Date

Signature of Student

Date

(If student is 16 or older, student signature is required)