



# UNION SCHOOL DISTRICT

"Home of the Golden Knights and Damsels"

354 Baker Street  
Suite 1

Mrs. Elena Steidinger - Director of Special Education  
Rimersburg, PA 16248-9211

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## Authorization for Exchange of Confidential Information

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize Union School District to:

\_\_\_\_\_ obtain records/information from

\_\_\_\_\_ release records/information to

Individual/Agency: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

(Address)

for the purpose of coordination of services and educational program planning.

Specific categories of information to be released:

_____ Audiological	_____ Medical	_____ Psychiatric	_____ Vision
_____ Drug & Alcohol	_____ Neurological	_____ Psychological	_____ Vocational
_____ Educational	_____ OT/PT	_____ Speech/Language	_____ Other

Any information received by Union School District will be placed in a file to which parents have access and the capacity to release to a third independent agency. The professional staff of the Union School District monitors this access. Information will be destroyed when it is no longer useful for educational purposes.

I may revoke this release at any time except to the extent that the person who is to make the disclosure has already acted on it.

\_\_\_\_\_  
Student Signature (if required by Mental Health Law)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please send to the attention of: \_\_\_\_\_

