LOWELL PUBLIC SCHOOLS
Leblanc Therapeutic Day School
58 Sycamore Street
Lowell, Massachusetts 01852

AUTHORIZATION FOR LOWELL PUBLIC SCHOOLS TO OBTAIN INFORMATION AND RECORDS

Student: _____ D.O.B.: _____

I, _____, (student or parent/legal guardian if student is a minor) understand that in order for Lowell Public Schools to provide the most appropriate educational program and related services for my child, _____, there must be an exchange of information between the persons and/or agency listed below, who have or had knowledge of my child and/or who may be significant providers of service to my child and/or my family, and the staff of the Lowell Public Schools. I understand that Lowell Public Schools is requesting this information for the purpose of evaluating/assessing/monitoring my child's strengths and needs, in an effort to provide an appropriate educational program.

As such, I, _____ (student or parent/legal guardian if student is a minor) authorize Lowell Public Schools, Leblanc Therapeutic Day School, 58 Sycamore Street, Lowell, MA 01852 to the attention of _____ to OBTAIN the following SPECIFIC information (checking yes or no for each category) which covers the period of _____:

	Yes	No		Yes	No
Educational Records			Intake Assessment		
Special Educational Records			Progress Notes		
Standardized Testing			Treatment Plans		
Behavioral Assessments/Plans			Discharge Summary		
School Health Records			Psychiatric Summary		
Psychological Evaluation			Detailed Medication History		
Speech/Language Evaluation			Treatment Plans		
Social History Report			Hospital Records		
Occupational Therapy Evaluation			Medical Summaries		
Physical Therapy Evaluation			ASAP Evaluation		
			Other:		

FROM: _____
Name of Individual / School / Institution / Agency / Physician

_____
Mailing Address

_____
City/Town State Zip

_____ _____
Signature of Parent/Legal Guardian/Student Date

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AUTHORIZATION FOR LOWELL PUBLIC SCHOOLS TO RELEASE INFORMATION AND RECORDS

Student: _____ D.O.B.: _____

School (last attended): _____

I, _____, (student or parent/legal guardian if student is a minor) understand that a Student's Record contains not only those documents produced or authored by Lowell Public School staff, but that an individual student's record may contain documents and information requested by Lowell Public School staff over the years from other school departments, mental health and child welfare agencies, medical providers, etc.

In order to assist Lowell Public Schools staff to ensure that Lowell Public Schools RELEASES only those records requested, we ask you to please indicate the SPECIFIC information to be released by Lowell Public Schools (check yes or no on each category.)

Current IEP	Y	N	Cumulative Record from School	Y	N
Most Recent Quarterly Progress Reports	Y	N	School Health Record	Y	N
Most Recent Educational Evaluation	Y	N	Disciplinary Records	Y	N
Most Recent Psychological Evaluation	Y	N	Current Behavior Plan	Y	N
Most Recent OT Evaluation	Y	N	Most Recent Speech Evaluation	Y	N
Most Recent PT Evaluation	Y	N	Other –Verbal communication and exchange of medical/educational/ /psychological information to aid in educational planning	Y	N

I, _____student or parent/guardian if student is a minor) understand that the records are protected under Federal and State Regulations governing the Confidentiality and Release of Student Records, and I further understand that, with my signature below, I am granting my written consent for release of information from Lowell Public Schools to:

Name of Individual/School/Institution/Agency/Physician: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip:_____

I understand that this authorization is subject to revocation at any time, with written notice by the student/client or other responsible party.

_____ _____
Signature of Parent/Legal Guardian/Student Date

This information has been released/disclosed to you from records protected by Federal confidentiality rules 42 CFR Part 2. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is not sufficient for this purpose. The Federal Rules restrict the use of this to criminally investigate or prosecute any alcohol or drug abuse.