

**Greater Albany SD 8J
Administrative Regulation**

Code: **JO/IGBAB-AR(1)**
Adopted: 7/81, 8/90
Revised/Readopted: 3/12/01, 4/14/08
Orig. Code(s): AR 5310-H, AR
6136-B, None

Authorization for the Release and Exchange of Information

_____, authorize the release and exchange of information between and
Parent/Guardian¹

among the identified agencies who will be planning services for:

Client(s) Name(s) - *Please include all family members*

The purpose of this authorization form is to enable the district and other involved agencies to better serve your student through coordinated service planning and delivery. Representatives of the district and these agencies will meet and share information on a need to know basis regarding your student.

Greater Albany Public Schools
Services to Children and Families, Linn and Benton Counties
Linn and Benton County Alcohol & Drug Treatment Program
Albany Police Department
Linn and Benton County Juvenile Departments
Linn and Benton County Sheriff's Departments
Linn and Benton County Mental Health Services
Other: _____

The information to be disclosed/exchanged is: presence in the program, and school, legal and permanent records which include assessment, family history, diagnoses and treatment recommendations from the Linn & Benton county mental health and alcohol and drug treatment programs.

This release authorizes a free exchange of information between these agencies in order to give the most complete and thorough services available. It does not authorize release to any other person or agency except those agencies listed above. Unless revoked in writing, this release and exchange shall remain in force for a period of 12 months from the date of authorization.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

¹As used in this policy, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 125.005 (4) and 125.300 - 125.325. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency depends on evaluation of those factors and a power of attorney executed pursuant to ORS 109.056. For special education students, parent also includes a surrogate parent, and adult student to whom rights have transferred and foster parent as defined in OAR 581-015-0005 (18).

Alternative School Authorization for the Release and Exchange of Information – JO/IGBAB-AR(1)
(continued)

Authorizing Signature

Relationship to Child

Juvenile's Signature (12 & over)