

Halifax County Schools 9525 Highway 301 South Halifax, NC 27839 252-583-5111

AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

, , , , , , , , , , , , , , , , , , ,	eet Address)	(City)	(State)	(Zip)	(Telepho	one #)
to engage in verbal and/or written c	ommunication with	and release	records to	:(Name of Per	son, Job Title ar	nd/or School/Agency/Entity)
(Name of Person, School, or Department) (Stre	eet Address)	(City)	(State)	(Zip)	(Telepho	one #)
regarding the information checked	below concerning i	my child	(~)	(, who	se date of birth is
I understand that information concer	rning psychiatric, ps	sychologica	l, medical o	liagnosis, d	lrug or alco	hol abuse, economic stat
and educational information regardi	0 0					elow. I further understan
that this information might contain i	nformation regarding	ng my famıl	y, in additi	on to my cl	nıld.	
Health Records:			Cubatana	a Abuga Tre	aatmant Daa	orda
Treatment Plans			_		eatment Rec	
Treatment / Discharge Summaries			_ Social St Medical		ces (roou, c	Clothing, Shelter)
Health / Medical Records					ts or related	aanditions
Case / Progress / Therapy Notes						Conditions
Academic / School-related Records:			Restorative Support Services Social and/or Developmental History			
Grades Test Scores			Psychological and/or Psychiatric Evaluations			
Test Scores Attendance			Psychological and/or Psychiatric Evaluations Suspensions / Expulsions			
Exceptional Student Educati	on / Section 504 reco			_		
For the Purpose of:						
I acknowledge that all informati be released by the recipient with	ion I authorize to hout an additional	be released written co	l or reques nsent. I ui	sted will be	held strict	rization will expire one
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