

**LEDYARD PUBLIC SCHOOLS**  
**4 Blonders Blvd, Ledyard, CT 06339**  
**Telephone: 860-464-9255 Fax: 860-464-8589**

**RELEASE OF INFORMATION AUTHORIZATION**  
**(HIPAA COMPLIANT AUTHORIZATION)**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
 (name of medical, educational, or other authority in possession of records)  
 to release my/my child's health information, medical, psychological and/or educational records for the purpose listed below to:

\_\_\_\_\_ to be sent to the individual school checked off below. **The health care provider should forward records in an envelope marked "Confidential" to the address below.**

The information to be disclosed consists of: **Academic Testing, Special Education, Health, Discipline and Attendance**

The information will be used for: **Academic Placement**

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that these records, once received by the school district, may no longer be protected by the HIPAA Privacy Act, but will become educational records protected by the Family Educational Rights to Privacy Act ("FERPA"). I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

**Two way communication**

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature \* \_\_\_\_\_ Date: \_\_\_\_\_

\*(If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. A competent minor, depending on their age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS and reproductive health care services)

Gales Ferry School  
 1858 Route 12  
 Gales Ferry, CT 06335  
 Phone: 860-464-7664  
 Fax: 860-464-5138  
 Authorized Recipient:  
 \_\_\_\_\_

Gallup Hill School  
 169 Gallup Hill Road  
 Ledyard, CT 06339  
 Phone: 860-536-9477  
 Fax: 860-572-2788  
 Authorized Recipient:  
 \_\_\_\_\_

Juliet Long School  
 1854 Route 12  
 Gales Ferry, CT 06335  
 Phone: 860-464-2780  
 Fax: 860-464-5139  
 Authorized Recipient:  
 \_\_\_\_\_

Ledyard Middle School  
 1860 Route 12  
 Gales Ferry, CT 06335  
 Phone: 860-464-0200  
 Fax: 860-464-2155  
 Authorized Recipient:  
 \_\_\_\_\_

Ledyard High School  
 24 Gallup Hill Road  
 Ledyard, CT 06339  
 Phone: 860-464-9600  
 Fax: 860-464-1990  
 Authorized Recipient:  
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Authorized Recipient: \_\_\_\_\_