

**AUTHORIZATION FOR RELEASE OF STRICTLY CONFIDENTIAL INFORMATION  
TO LOCAL STAFF OR VOLUNTEERS**

**I give my permission to release information contained in the document(s) indicated below:**

Please date, initial and check [✓] the appropriate items below.

Date	Initials	Check	Item
_____	_____	[ ]	Learning Needs Screening
_____	_____	[ ]	Other: _____ _____
_____	_____	[ ]	School records from: _____
_____	_____	[ ]	Other records from: _____ _____

**I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:**

If the same information can be made available to several staff people, please list their names below. Then date, initial and check [✓] the appropriate individuals. If different information is going to various individuals, use separate forms.

Date	Initials	Check	Staff Member	Date	Initials	Check	Staff Member
_____	_____	[ ]	_____	_____	_____	[ ]	_____
_____	_____	[ ]	_____	_____	_____	[ ]	_____
_____	_____	[ ]	_____	_____	_____	[ ]	_____
_____	_____	[ ]	All of the Staff Members Listed above				
_____	_____	[ ]	Other Individual(s): _____ _____				
_____	_____	[ ]	Volunteer Tutor: _____ _____				

**This release is valid for one year from the date of my signature or until it is revoked in writing, whichever occurs first. This release has been read out loud to me and I understand its contents.**

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

Signature of staff person releasing the information: \_\_\_\_\_

*Adapted with permission from the West Virginia Regional Education Service Agency, 2006*

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION  
TO EXTERNAL AGENCY INDIVIDUALS**

**I give my permission to release information contained in the document(s) indicated below:**

Please date, initial and check [✓] the appropriate items below.

Date	Initials	Check	Item
_____	_____	[ ]	Learning Disabilities Screening
_____	_____	[ ]	Test of Adult Basic Education (TABE) scores
_____	_____	[ ]	GED Official Practice Test (OPT) scores
_____	_____	[ ]	Attendance records
_____	_____	[ ]	Other: _____
_____	_____	[ ]	School records from: _____
_____	_____	[ ]	Other records from: _____
			_____

**I give permission to release the information contained in the documents indicated above to the following agency individuals for educational and assessment purposes:**

[If the same information is going to several agencies, date, initial and check [✓] the appropriate agencies below. If different information is going to several agencies, use a separate form for each agency.]

Date	Initials	Check	Agency/Individual
_____	_____	[ ]	Arkansas Rehabilitation Services (ARS) ARS Designated Individual(s): _____
_____	_____	[ ]	Department of Health and Human Services (DHHS) DHHS Designated Individual(s): _____
_____	_____	[ ]	Other Agency: _____ Other Agency Individual(s): _____

**This release is valid for one year from the date of my signature or until it is revoked in writing, whichever occurs first. This release has been read out loud to me and I understand its contents.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of staff person releasing the information: \_\_\_\_\_

*Adapted with permission from the West Virginia Regional Education Service Agency, 2006*

### REQUEST FOR CONFIDENTIAL INFORMATION

Client Name: \_\_\_\_\_  
(last, first, middle)

Other Last Name(s) Used: \_\_\_\_\_  
(for those who changed their name due to marriage, adoption, etc.)

Client Address: \_\_\_\_\_  
\_\_\_\_\_

Client Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, a student in the Adult Basic Education Program in \_\_\_\_\_ County, Arkansas, authorize \_\_\_\_\_ to release to the Adult Basic Education Program the indicated information (check and initial all items that apply) for educational and assessment purposes:

- \_\_\_\_\_ All educational records **including psychological or achievement test results** as well as special education files which might contain my Individualized Education Plan (IEP)
- \_\_\_\_\_ All evaluations or diagnostic reports related to cognitive processing/learning
- \_\_\_\_\_ All medical records or other information regarding my treatment including psychological or psychiatric condition
- \_\_\_\_\_ Other: \_\_\_\_\_

Please send this information to:

Attention: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

This release is valid for one year from the date of my signature, or until it is revoked in writing by me. I understand the information will be kept confidential and will not be shared with another agency without consent. This release form has been read out loud to me and I understand its contents.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Adapted with permission from the West Virginia Regional Education Service Agency, 2006*