



2020-2021 AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I _____, legal guardian(s) of _____
authorize The Chinook's Edge School Division (CESD) to complete and/or release the following
information:

- _____ Rating scales (e.g., SNAP-IV, BASC-3, BRIEF-2, Sensory Profile-2)
 - Other (please specify): _____
- _____ Psychoeducational Assessment Report/Progress update
- _____ Rehabilitation Assessment Report/Progress update (Speech Therapy,
Occupational Therapy)
- _____ Other (please specify) _____

This information may be released to:

- _____ (Name)
- _____ (Title/Position)
- _____ (Organization)
- _____ (Address)
- _____ (Phone)

For the following purpose(s) only:

- _____ Evaluation/assessment and/or coordinating treatment efforts
- _____ Other (specify) _____

I understand why I have been asked to disclose this information and am aware of the risks and/or
benefits for consenting or refusing to consent to disclose this information. This consent will
automatically expire one (1) year after the date of my signature as it appears below, or on the
following earlier date, condition, or event _____.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any
time by submitting a written revocation document.

Signature of Parent/Guardian

Signature of Parent/Guardian

Signature of Witness

Date