

## **Release of Information Consent Form**

I, \_\_\_\_\_, am participating in the programs at \_\_\_\_\_, hereafter referred to as the Organization. By signing this form, I am giving the Organization staff permission to communicate regarding services offered to me and/or my family to the Jefferson County Public Schools (JCPS). I understand that all records and information regarding services will be protected by regulations that govern the exchange of confidential information.

It is understood that by authorizing the release of such information, it will be used for the sole purpose of providing and enhancing services to me, my family, and/or my child and to avoid duplication between the agencies. The disclosure of information will be limited to staff at the Organization and JCPS.

I have read and understand the contents of this form; I have received a copy, and I agree to its provisions.

This authorization to receive services from the above Organization and to exchange confidential information shall remain in effect for the period of my participation in the Organization or JCPS. I understand that this release may be revoked by me at any time if requested in writing.

Print Name: \_\_\_\_\_

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

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

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

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

Please list children's names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy must be kept on file at organization/agency.