SWEET HOME SCHOOL DISTRICT NO. 55
Sweet Home, Oregon

AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

From the Records of: _____ Birth Date:_____

I hereby authorize the exchange of confidential information for the purpose of establishing eligibility for services and/or educational planning between the schools, physicians, individuals and/or agencies listed below.

Please list Schools/Physicians/Individuals and/or Agencies' Names and Addresses.

1. _____
_____
_____

2. _____
_____
_____

3. _____
_____
_____

4. _____
_____
_____

5. _____
_____
_____

6. _____
_____
_____

_____ _____
Signature of Parent/Guardian/Student *(student must be over 18 years of age)* Date *(authorization expires 1 year from date of signature)*

Please return completed form to: _____
_____
_____
_____