

**Craven County Schools**  
**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

Physician/Agency: Name/Position \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Information to be released to: Craven County Schools  
Address 3600 Trent Rd. Telephone (252) 514-6300 Fax (252) 514-6376

Types of information to be reported:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Unlimited disclosure           |   |                                       |
| <input type="checkbox"/> Vision testing reports         | <input type="checkbox"/> Health medical evaluations     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hearing / Audiological Reports | <input type="checkbox"/> Social / developmental history | _____                                 |
| <input type="checkbox"/> ADHD / ADD screening reports   | <input type="checkbox"/> Educational assessments        | _____                                 |
| <input type="checkbox"/> Exceptional Children's records | <input type="checkbox"/> Speech/Language testing        | _____                                 |
| <input type="checkbox"/> Psychological evaluations      | <input type="checkbox"/> Psychiatric evaluations        | _____                                 |

I give my permission for the information listed above to be released, regarding:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

\*I understand that Craven County Schools will be responsible for its continued confidentiality. I also give my permission for the exchange of information (oral and/or written) between the above named individuals/agencies.

Signed by: \_\_\_\_\_

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

(Circle) Parent / Legal Guardian / Surrogate Parent / Student over age 18

Witnessed by: \_\_\_\_\_

Position \_\_\_\_\_

This release is valid for one calendar year and can be revoked, in writing, at any time.

*Please send a copy of this form to the physician/agency releasing information and the school counselor.*