



# The Porter Academy

*The Porter Academy, Inc. does not discriminate in any way on the basis of race, color, gender, religion, or national or ethnic origin.*

## Authorization to Release Records

Student Information		
Name	Date of Birth	Grade
Address	City/State	Zip Code

School/Psychologist/Physician Authorized to Release Information		
Name of School/Psychologist/Physician	Phone	Fax
Address	City/State	Zip Code

YOUR RIGHTS REGARDING THIS AUTHORIZATION
<p><u>Signing of Authorization</u> – I understand that I am under no legal obligation to sign this authorization. If I do, I have a right to receive a copy.</p> <p><u>Right to Withdraw this Authorization</u> – I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to the agency or organization authorized to release information named on this form.</p> <p><u>Right to Inspect or Copy the Education Information to Be Used or Disclosed</u> – I understand that I have the right to inspect and copy the information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect or copy my information being used or disclosed by contacting the agency or organization authorized to release information named on this form.</p>

I hereby authorize release of the following checked records:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Psychological Records | <input type="checkbox"/> School Records            |
| <input type="checkbox"/> Current IEP     | <input type="checkbox"/> Health Records        | <input type="checkbox"/> Teacher Observation Forms |
| <input type="checkbox"/> _____           | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____                     |

I give permission for you to discuss my child with personnel at the Porter School.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Please Mail or Fax Records To:

**Porter Academy, Inc.**  
200 Cox Road  
Roswell, GA 30075  
Tel: 770-594-1313  
Fax: 770-594-1771