



Gila River Indian Community
 Child Development & Education Support Services
 PO Box 97, Sacaton, AZ 85147
 Phone: 520-562-3882 Fax: 520-562-3205

AUTHORIZATION FOR RELEASE OF INFORMATION

Federal statutes and regulations protect confidentiality of information: P.L. 92-255, P.L. 93-282, P.L. 93-579 and CFR 2. Authorization for release of information expires after ninety (90) calendar days unless otherwise specified when signed.

Name of Child:	DOB:
Parent/Guardian	Cell #:
E-Mail Address:	
Purpose or need for release:	

Information Released	
From	To
Name of Person/Organization/Facility:	Name of Person/Organization/Facility:
Address:	Address:
Email:	Email:
Phone #:	Phone #:

Records to be Released or Secured		
<input type="checkbox"/> Medical (Health)	<input type="checkbox"/> Psychological	<input type="checkbox"/> Social Work
<input type="checkbox"/> Educational	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> IFSP
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> IEP
<input type="checkbox"/> Other (Specify):		

All information released or secured will be in compliance with the Family Education Rights and Privacy Act. No additional information will be released or secured without prior approval from the parent, except as provided by law.

Consent

I hereby authorize the release and transfer of information as stipulate above. YES No

Signature of Parent(s)/Guardian(s) or Legal Representative Date

Authorized Representative

Date
