Celina City Schools Authorization Release of Information

Student Information	Last Name	First name	Middle	
	Address	City	State	Zip
	Date of Birth	Other Possible Names		Phone #
The following individual or organization is authorized to make the disclosure	Name/Organization			
	Address	City	State	Zip

Desired method to receive copies of the records ⇨ ⇨ ⇨
Date sent: _____

Mail Copies: Celina Primary School, 615 E Wayne St, Celina, OH 45822
Fax Copies to 419-584-0215
E-Mail: donna.post@celinaschools.org

The following individual or organization is authorized to receive the information	Name/Organization: Celina Primary School		
	Address: 615 E Wayne St	City: Celina	State: OH	Zip: 45822

The following records are being requested: (check box)	Reason for request: (check box)
☒ All personally identifiable data on file	☒ To aid in making present and future educational decisions
☐ Inpatient/Outpatient Records	
☐ Clinic Records	☐ Other
☐ Psychological/Psychiatric	
☐ The following records only:	

I hereby authorize Celina City Schools to release and/or receive information, as indicated herein, to/from the above party. This authorization includes release of information concerning HIV testing or treatment of AIDS or AIDS related conditions, any drug or alcohol abuse, drug-related conditions, alcoholism, and/or psychiatric/psychological conditions of the above-mentioned student.

I understand that this authorization shall remain in effect for 1 year from the date of my signature below unless an earlier expiration date is specified in this space (_____). I also understand that except to the extent that action has been taken based on my authorization, I may withdraw this authorization at any time by written notification to the parties involved.

In compliance with Celina City Schools Board Policy and Federal HIPPA regulations, I give permission for Celina City Schools to contact the above party regarding my child's medical needs.

Signature of Parent or Guardian	Relationship to Student	Date
Signature of Eligible Student (age 18)		Date
Witness	Verification of Requestor: ☐ By signature ☐ By Photo ID	Copy given to Requestor? ☐ Yes ☐ No