



# Granite Hill School

PO Box 25 • Newport, NH 03773

admissions 603/863-1260  
schoolhouse 603/863-0697  
fax 603/863-1574

## AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

I, \_\_\_\_\_ parent or guardian of \_\_\_\_\_,  
born on \_\_\_\_\_, give my permission for the parties listed below to release and exchange confidential information and records, and to discuss issues regarding my child and family. The purpose of this is to facilitate admission of my child to the GRANITE HILL SCHOOL and to arrange for related services. Further disclosure of this information is not authorized unless a subsequent release is obtained and signed.

### Authorized Parties

Granite Hill School Personnel  
Mountain View Counseling Center Personnel  
N.H. Office of Vocational Rehabilitation

\_\_\_\_\_  
Child's Present and Past School District

\_\_\_\_\_  
Other Relevant Party

\_\_\_\_\_  
Child's Therapist

\_\_\_\_\_  
Other Relevant Party

\_\_\_\_\_  
Current Medical Provider

\_\_\_\_\_  
Other Relevant Party

### **Information to be released and exchanged:**

- Progress Reports and Report Cards
- Evaluation Reports
- Information regarding Legal Issues
- Immunization Record
- Family History
- Individual Education Plan
- Medication Records
- Psychiatric Records

- Discharge Summary or Plan
- Psychological Evaluations
- Psychological Testing
- Educational Tests and Evaluations
- Treatment Plans
- Health Records
- Transcript
- Other \_\_\_\_\_

I understand that federal regulations (42 CFR part 2) prohibit the redisclosure of drug and alcohol treatment information without my written consent or as allowed by the regulations.

I understand that my treatment/support is not conditioned upon authorizing this disclosure. I understand I may revoke this authorization at any time except to the extent that the school or other agency making the disclosure, has already acted in reliance on it. In general, revocation should be submitted in writing and sent to the school at the address above.

Date or event upon which this authorization will expire \_\_\_\_\_. I understand if I do not note a date or event, then this authorization will expire one year from the date it was signed.

\_\_\_\_\_  
Signature of parent, guardian, or Dept. of Education appointed surrogate parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date