



Authorization to Release Information

Mental Health Services

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form #069-F06E
July 2023

Clear Form

PURPOSE OF AUTHORIZATION FOR THE RELEASE OF INFORMATION

Open communication between home, school and other persons or agencies supports your child in successfully accessing his/her education. Recognizing your rights regarding release and sharing of student records as outlined in FCPS Regulation 400-20, we are seeking your authorization as stipulated below:

Student name: _____ Date of Birth: _____

School: _____ Grade: _____

Records to be released: (Check all that apply)

- Health/Medical
- Special Education
- Psychological and counseling
- Academic
- Other _____

Disclosed information will be used to: (Check all that apply)

- develop care plans appropriate to the school setting
- design appropriate educational programs
- assess the impact of medical/mental health condition(s) on school performance and/or attendance
- share and discuss observations/concerns relative to behavior
- share and discuss observations/concerns relative to academic performance
- Other _____

I hereby authorize the mutual exchange of confidential information and the release of records among and between the Frederick County Public Schools and the person(s) or agency listed below:

Person or Agency: _____

Point of Contact: _____

Phone #: _____

Fax #: _____

Printed Name

Relationship to Student

Signature

Date