Mecosta-Osceola Intermediate School District / 15760 190th Ave., Big Rapids, MI 49307
(231) 796-3543 or Fax (231) 796-3300; Website: www.moisd.org

Authorization for Release of Information

Child:_____ D.O.B.:_____

I hereby authorize the following persons or agencies, to engage in verbal or written communication for my child. All pertinent records and information can be exchanged among persons or agencies as necessary. I am aware that this information will be strictly confidential and will be used in my child's best interest. I am aware that I may deny consent for disclosure to any of the agencies designated below.

The agencies authorized to exchange information include: (Please indicate approval by checking the appropriate spaces below.)

☐ Attn:
Mecosta-Osceola Intermediate School District
15760 190th Avenue, Big Rapids, MI 49307
Phone 231-796-3543
Fax 231-796-3300

☐ **Family Independence Agency**
County:

☐ **Health Department**
County:

☐ **Community Mental Health**
County:

☐ **Physician**
Name:
Address:
Phone:
Fax:

☐ **Physician**
Name:
Address:
Phone:
Fax:

☐ **Hospital**
Name:
Address:
Phone:
Fax:

☐ **School District**
Name:
Address:
Phone:
Fax:

☐ **Other Persons/Agencies**
Name:
Address:
Phone:
Fax:

☐ **Other Persons/Agencies**
Name:
Address:
Phone:
Fax:

The following records may be exchanged:

☐ **Educational Reports**

☐ **Individual Service Plans** (IEPT's, IFSP's)

☐ **Social/Developmental history**

☐ **Staffing/Progress reports**

☐ **Health/Medical/Vision/Hearing**

☐ **Other:**_____

Information will NOT be disclosed to any other party except personnel with a legitimate educational interest, without prior written consent of the parent or legal guardian. This authorization shall continue in effect until revoked in writing or not longer than one year.

_____ _____

Parent Signature Date School Representative Date