



10 PIGEON HILL DRIVE
 SUITE 70
 STERLING, VIRGINIA 20165
 OFFICE: (703) 4ED-0805
 FAX: (703) 4ED-0378

RELEASE OF INFORMATION FORM

I, _____ (Print name of Student), give my permission for ED

Anywhere Staff to _____ (initial) obtain and _____ (initial) release the following:

- | | |
|------------------------------------------------|-----------------------------------------------------|
| _____/_____ (initial) Attendance Records | _____/_____ (initial) Treatment Plan |
| _____/_____ (initial) Social History | _____/_____ (initial) Vocational Assessment |
| _____/_____ (initial) Psychological Evaluation | _____/_____ (initial) Financial Information |
| _____/_____ (initial) Medical Evaluation | _____/_____ (initial) Progress Report |
| _____/_____ (initial) Educational Assessment | _____/_____ (initial) School Transcripts |
| _____/_____ (initial) Court Case History | _____/_____ (initial) Substance Abuse and Treatment |
| _____/_____ (initial) Mental Health | _____/_____ (initial) Other (specify _____) |

information from/to:

- | | |
|----------------------------------------------------------|-----------------------------------------------------------|
| _____/_____ (initial) Loudoun County Mental Health, | _____/_____ (initial) Home Study International, |
| _____/_____ (initial) Loudoun County Court Service Unit, | _____/_____ (initial) Educational Options, Inc. |
| _____/_____ (initial) Loudoun County Health Department, | _____/_____ (initial) Loudoun County Department of Social |
| _____/_____ (initial) Loudoun County Public Schools, | Services, and |
| | _____/_____ (initial) Other _____. |

For the purpose of: INDIVIDUALIZED CASE MANAGEMENT FOR ALTERNATIVE SCHOOL & VOCATIONAL PROGRAMMING

I UNDERSTAND THAT MY RECORDS ARE PROTECTED UNDER FEDERAL AND STATE CONFIDENTIALITY LAWS AND REGULATIONS AND CANNOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT UNLESS OTHERWISE PROVIDED FOR IN THE LAWS AND REGULATIONS. I ALSO UNDERSTAND THAT I MAY REVOKE (OR CANCEL) THIS CONSENT AT ANYTIME, EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON IT AND THAT IN ANY EVENT THIS CONSENT AUTOMATICALLY EXPIRES AS DESCRIBED BELOW.

(DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT WILL EXPIRE; NOT TO EXCEED ONE YEAR.)

Or

_____(initial) ONE YEAR AFTER DISCHARGE FOR THE PURPOSE OF PROGRAM DATA COLLECTION TO EVALUATE PROGRAM EFFICIENCY.

_____ Date	_____ Student's Signature	_____ Social Security Number
_____ Date	_____ Parent/Guardian's Signature	
_____ Date	_____ Witness Signature	

This consent _____ (Initial) includes _____ (Initial) does not include information placed on my record after the above date.

Program Use

Date Received: _____
 Information Sent By: _____
 Date Information Sent: _____