

# AUTHORIZATION for RELEASE of INFORMATION TO/FROM THE LOUISIANA SCHOOLS for the DEAF and VISUALLY IMPAIRED

I hereby authorize the individual/agency below to release the following described information/records on:

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Date of Birth

To/From:      The Louisiana Schools for the Deaf and Visually Impaired

To/From:      Name of School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please check box(es) by appropriate description of information to be released.

- Academic Records
- Behavioral/Psychological Records
- Cognitive Records
- Medical Records
- Audiological Information
- Other (describe in detail): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Reason for release of information/records: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>_____</p> <p><b>Signature of Parent/Guardian</b></p> <p>_____</p> <p><b>Signature of Student 18 and Older</b></p> <p><b>Address:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Date:</b> _____</p>	<p><b>PLEASE RESPOND TO:</b></p> <p>Louisiana Schools for the Deaf and Visually Impaired Admissions and Records Post Office Box 3074 Baton Rouge, Louisiana 70821</p> <p><b>Phone Number:</b>    225/757-3307 <b>Fax Number:</b>        225/757-3313</p>
--	--