


Santa Clarita Valley SELPA
Mutual Exchange of Information Authorization

<p>This authorization is limited to the reports / tests listed:</p> 	<input type="checkbox"/> Education Assessment (specify) _____ <input type="checkbox"/> Behavioral Reports (specify) _____ <input type="checkbox"/> Psychological Tests (specify) _____ <input type="checkbox"/> Vocational Tests (specify) _____ <input type="checkbox"/> Medical Tests (specify) _____ <input type="checkbox"/> Developmental Tests (specify) _____ <input type="checkbox"/> Other (specify) _____
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Student Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:
Address:	City, State, Zip:	Home Phone:

The information specified above may be mutually exchanged between:

School District:	Name of Business:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Contact Person:	Contact Person:

This authorization shall become effective on the date signed and remain in effect for one calendar year. Authorization is subject to revocation by the undersigned at any time except to the extent that action has already been taken.

I understand that the receiver may not further use or disclose the medical information unless another authorization is obtained from me, or unless such use or disclosure is specifically required or permitted by law.

I understand that I have the right to receive a copy of this authorization if I so request.

I authorize the mutual exchange of the above specified information.

Authorized Signature - Parent/Guardian	Print Name/Title	Date
Complete Address	City, State	Zip Code
Primary Phone	Cell Phone	Additional Phone