



200 Cox Road
Roswell, Ga. 30075
Phone: 770.594.1313
Fax: 770.594.1771
www.porteracademy.org

Authorization to Release Records

Student Information		
Name	Date of Birth	Grade
Address	City/State	Zip Code

School/Psychologist/Physician Authorized to Release Information		
Name of School/Psychologist/Physician	Phone	Fax
Address	City/State	Zip Code

YOUR RIGHTS REGARDING THIS AUTHORIZATION
<p><u>Signing of Authorization</u> – I understand that I am under no legal obligation to sign this authorization. If I do, I have a right to receive a copy.</p> <p><u>Right to Withdraw this Authorization</u> – I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to the agency or organization authorized to release information named on this form.</p> <p><u>Right to Inspect or Copy the Education Information to Be Used or Disclosed</u> – I understand that I have the right to inspect and copy the information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect or copy my information being used or disclosed by contacting the agency or organization authorized to release information named on this form.</p>

I hereby authorize release of the following checked records:

- | | | |
|--|--|--|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Psychological Records | <input type="checkbox"/> School Records |
| <input type="checkbox"/> Current IEP | <input type="checkbox"/> Health Records | <input type="checkbox"/> Teacher Observation Forms |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

I give permission for you to discuss my child with personnel at the Porter School.

Signature of Parent or Legal Guardian

Date

Please Mail or Fax Records To: **Porter Academy, Inc.**
 200 Cox Road
 Roswell, GA 30075
 Tel: 770-594-1313
 Fax: 770-594-1771



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