



RELEASE/EXCHANGE OF INFORMATION

Date: _____

I am the parent/legal guardian/educational surrogate for the student listed below:

Student name

Date of birth

I give permission for the release/exchange of written and verbal information* between the following entities:

Paso Robles Joint Unified School District
800 Niblick Road
Paso Robles, CA 93446 and

(Agency)
(Address)
City, State, Zip

(805) 769-1000

(Phone)

**This information may contain Protected Health Information that is considered highly confidential. If so, it is to be used only to aid in providing specific healthcare services to this student (including mental healthcare). Any other use is a violation of State and/or Federal Law (including HIPAA) and will be reported as such.*

I understand that these records will be used only by appropriate educational professionals authorized to examine pupil files. I also understand that I have the right to review the information released.

Signature Print
Adult student/parent/legal guardian/educational surrogate

Date

Signature Print
Adult student/parent/legal guardian/educational surrogate

Date