

## Exhibit 1—Sample Release of Records Form

### INTERAGENCY RELEASE OF INFORMATION

By signing and dating this release of information, I allow the persons or agencies listed below to share specific information, as checked, about my case. I understand that this is a cooperative effort by agencies involved to share information that will lead to better utilization of community resources and better cooperation amongst our agencies to best meet my needs.

Agencies or agency representatives that will be sharing information:

Name	Address	Date

The information is to be released is:  History  Lab Work  
 Diagnosis  Psychological Assessment  
 Summary of Treatment  Psychiatric Evaluation  
 Medications  Legal issues/concerns  
 School Evaluation  Performance  
 Other (specify) \_\_\_\_\_

and is to be released for the purpose of \_\_\_\_\_.

This consent to release is valid for one year, or until otherwise specified, and thereafter is invalid. Specify date, event, or condition on which permission will expire: \_\_\_\_\_

I understand that at any time between the time of signing and the expiration date listed above I have the right to revoke this consent.

\_\_\_\_\_  
Student Name Date of Birth

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Student Signature Date Witness Date

\_\_\_\_\_  
Guardian or Responsible Party Date Witness Position  
(if student is under legal age)

\_\_\_\_\_  
Guardian/Responsible Party Relationship to Student Sample contributed by Flint Hills Special Education Cooperative