

McDowell County Schools  
**Exceptional Children Programs**

Post Office Box 1024  
Marion, N.C. 28752  
(828) 652-6580  
Fax (828) 652-8756

**Ms. Glenda Starr, Director**

**Consent for Release of Information**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I hereby authorize: (Name of Facility) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

To release specified information to: McDowell County Schools  
Exceptional Children Program  
P.O. Box 1024  
Marion, N.C. 28752

Please send:

\_\_\_\_ Screenings  
\_\_\_\_ Evaluation(s)  
\_\_\_\_ Substance Abuse Information  
\_\_\_\_ Progress Notes

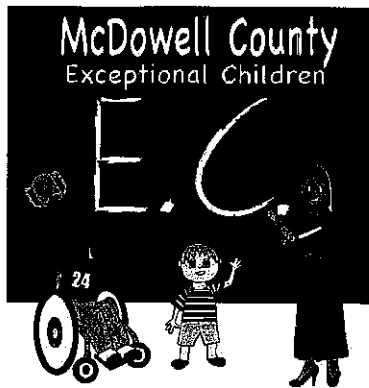
\_\_\_\_ Admission Assessment  
\_\_\_\_ Plans of Care/Habilitation Plan  
\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

The doctrine of informed consent has been explained to me and I understand the contents to be released, the need for information, and that there are statues and regulations protecting the confidentiality of authorized information. I understand that materials released to a nonmedical facility such as a school system are no longer covered under HIPAA; however, confidentiality is still protected under the FERPA legislation. I hereby acknowledge that this consent is truly voluntary and valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent is valid for a one year period.

Signature of Client or Representative: \_\_\_\_\_

Specify Relationship to Student: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_



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Please send:

<input type="checkbox"/> Screenings	<input type="checkbox"/> Admission Assessment
<input type="checkbox"/> Evaluation(s)	<input type="checkbox"/> Plans of Care/Habilitation Plan
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