Garden Grove Unified School District

Office of Special Education and Student Services

10331 Stanford Avenue | Garden Grove, CA 92840 | (714) 663-6233

Authorization for Release of Confidential and Personally Identifiable Information

______________________	______________________	______________	______________
Student Last Name	**Student First Name**	**Date of Birth**	**Student ID #**

The above identified student is currently enrolled in the Garden Grove Unified School District (GGUSD). GGUSD is requesting permission to exchange information with the person or agency indicated below:

PERSON(S) OR AGENCY EXCHANGING INFORMATION:

From / Receiving (circle one)	**From/ Receiving (circle one)**
Garden Grove Unified School District	
10331 Stanford Avenue	
Garden Grove CA 92840	
(714) 663-6000	
Attention:	Attention:

REQUESTED INFORMATION:

☐ Educational Records ☐ Psychoeducational/SLP Assessments ☐ Functional Analysis/ Behavior Plans

☐ IEP Documents ☐ Related Service Provider Assessments ☐ Psychological/ Psychiatric Records

☐ Mental Health Records ☐ Medical Records ☐ Other:__________________________

CONSENT TO OBTAIN OR RELEASE INFORMATION:

I request that the information released pursuant to this authorization be used for the following only:

☐ Educational Planning ☐ Coordination of Care ☐ Medical Management ☐ Other:___________________

I understand that my authorization will remain effective for one calendar year from the date below and that the information will be handled confidentially, in compliance with all applicable federal, state and local regulations.

I understand that I may view the information that is to be sent and that I may revoke my authorization at any time by written, dated communication.

I have read and understand the nature of this release of confidential information about my child.

☐ **Yes, I give permission** ☐ **No, I do not give permission**

______________________________	______________________________
Print Name	**Relationship to Child**
______________________________	______________________________
Signature of Parent/ Guardian/ Surrogate	**Date**