



SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION – Health Services

AUTHORIZATION FOR EXCHANGE OF STUDENT HEALTH AND EDUCATIONAL INFORMATION

- ***I give permission to:***

Name of person, office, physician, or therapist Phone

Address City State Zip

- ***Release information to and/or receive information from:***
San Luis Obispo County Office of Education Student Services
3350 Education Dr., San Luis Obispo, CA 93405
Phone: 805-782-7322 FAX 805-546-0646

Holly Lynch, BSN, RN, PHN, Credentialed School Nurse

Name and title of person(s) requesting and/or receiving information

(805) 305-8694 (805) 546-0646

Contact Phone Number Fax

- ***Pertaining to:***

Name of student Date of Birth

Student's Address Daytime Phone Number

- ***Specific Records:***
Medical (Please specify): _____

Psychological (Please specify): _____

Duration: This authorization shall become effective immediately and shall remain in effect one year from the date of signature or until no longer enrolled in a San Luis Obispo County Office of Education Program.

Cancellation: This authorization is also subject to written cancellation by the parent/guardian at any time. The written cancellation will be effective upon receipt. Cancellation will not apply to actions taken based on information obtained from prior authorization(s).

Re-Release: I understand that the recipient may not lawfully further use or release the information unless another authorization is obtained from me or unless such use of release is specifically required or permitted by law.

Condition: I understand that eligibility for educational services may be based on my giving or refusal to give this authorization. Federal Register Section 164.508 (C)(2)(ii).

- ***The person or organization who receives the health/psychological and/or educational information Authorized on this form may only use it for the following educational purposes:***

Eligibility Planning Health Services Educational Team Review
 Other: Specify: _____

Parent/Guardian Signature Date Signed Relationship to Student