

OAK HILL SCHOOL

39 Charlton Road, Scotia, NY 12302

Telephone: 518-399-5048 Ext. 110

FAX: 518-399-6140

E-mail: oakhill@oakhill.org

David Mitchell
Executive Director

Authorization to Release Information

Student Name _____ DOB _____

Address _____

Provider Name: _____

Provider Address: _____

Provider Phone: _____

I authorize written/verbal records to be released/exchanged with:

Oak Hill School

39 Charlton Rd.

Scotia, NY 12302

(518) 399-5048

Fax (518) 399-6140

Check all records to be released:

Medical Records

Physical Exams

Immunization Records

Medication Records

Evaluations/Diagnostic Reports

Provider notes

Achievement testing

Attendance

Academic/behavior data

Report Cards/progress reports

This protected information is disclosed for educational and behavioral programming and may not be shared with any other entity without express written consent from the parent/guardian.

You may refuse to sign this authorization.

You have the right to inspect or copy any protected information shared.

You may revoke this consent in writing by sending notification to Oak Hill School at the above address. Your notice will not apply to actions taken prior to the date the written revocation is received.

Parent/Guardian Name: _____

(please print)

Parent/Guardian Signature: _____

Address: _____

Phone: _____

Date: _____