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Le Jardin Academy Authorization to Release Information

Student Name:_____ Birth Date:_____

The following is a consent form that allows the personnel of Le Jardin Academy listed below to communicate with a professional working with your child outside of the Le Jardin Academy community. By signing below, you authorize these parties to exchange information, including personally identifiable information about your child's educational functioning, mental health, and/or physical health.

I hereby authorize release of information between the following parties.

Le Jardin Academy personnel authorized to communicate according to this release:

- | | |
|---|---|
| <input type="checkbox"/> Deans | <input type="checkbox"/> Teachers |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Learning Support Coordinator |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Other_____ |

The Le Jardin Academy personnel identified above have permission to communicate and exchange information with the professional listed below:

Name:_____

Address:_____

Phone:_____ Fax:_____

Relationship to Student:_____

This information will be released to the party or parties specified above for the following purposes:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Treatment planning | <input type="checkbox"/> School-based support planning | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Evaluation planning | | |

This authorization will expire:

- | | |
|--|--|
| <input type="checkbox"/> One year from signing | <input type="checkbox"/> Other date_____ |
|--|--|

You have the right to to revoke your consent at any time, except to the extent that action based on this consent has already been taken. Any revocation must be in writing, dated and signed by the individual granting this authorization. It is understood that no legal responsibility or liability of any nature shall be attached to the attending professionals in acting upon this authorization. This consent will be void upon the student's graduation or other permanent departure from Le Jardin Academy. A photocopy or facsimile of this release form carries the same legal force and effect as the original.

_____ Student Signature (if age 18+)	_____ Printed Name	_____ Date
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_____ Parent/Guardian Signature	_____ Printed Name	_____ Date
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For further information regarding this student and their support plan, please contact:
Sean Landau, Secondary Counselor, 261-0707x2324, sean.landau@lejardinacademy.org
Vicki McNeill, Dean of Students, 261-0707x1020, vicki.mcneill@lejardinacademy.org



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