SWEET HOME SCHOOL DISTRICT NO. 55
Sweet Home, Oregon

AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

From the Records of: ____ Birth Date:__________________

I hereby authorize the exchange of confidential information for the purpose of establishing eligibility for services and/or educational planning between the schools, physicians, individuals and/or agencies listed below.

Please list Schools/Physicians/Individuals and/or Agencies' Names and Addresses.

1. ____
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2. ____
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3. ____
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4. ____
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5. ____
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6. ____
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____ ________________________________

Signature of Parent/Guardian/Student *(student must be over 18 years of age)* Date *(authorization expires 1 year from date of signature)*

Please return completed form to: ____
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