

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Keeper of the Records

(Name of School)

(Street Address)

(City, State, Zip)

(phone) AND (fax)

This is authority for you to permit Alise M. Price, Attorney at Law, 670 Meridian Way, Suite 255, Westerville, Ohio 43082 to copy, inspect, examine and forward any and all records including but not limited to: official administrative records, immunization records, attendance records, charts, courses, grade levels, grades/achievement scores, reports, notes, test assessments and the results, conclusions, and recommendations thereof (including but not limited to standardized achievement test results, intelligence test results) all information contained in the child's personal pupil file including personal data, testing profiles, psychological data and dates, special programs and discipline records in your possession pertaining to:

CHILD'S NAME _____

DATE OF BIRTH _____

Parent's Signature _____

Date _____

A SIGNED COPY SHALL BE AS AN ORIGINAL

AUTHORIZATION FOR RELEASE OF DENTAL INFORMATION

TO: Keeper of the Dental Records

(Dentist's Name)

(Street Address)

(City,State,Zip)

This is authority for you to permit Alise M. Price, Attorney at Law 670 Meridian Way, Suite 255, Westerville, Ohio 43082 to copy, inspect, examine and forward any and all records, charts, reports, x-rays, x-ray reports, and bills in your possession and pertaining to all examination, assessment and treatment rendered to:

CHILD'S NAME _____

DATE OF BIRTH _____

Parent's Signature _____

Date _____

A SIGNED COPY SHALL BE AS AN ORIGINAL

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

TO: Keeper of the Medical Records

(Doctor's Name)

(Street Address)

(City,State,Zip)

(phone) AND (fax)

This is authority for you to permit Alise M. Price, Attorney at Law, 670 Meridian Way, Suite 255, Westerville, Ohio 43082, to copy, inspect, examine and forward any and all records, charts, reports, x-rays, x-ray reports, and bills in your possession and pertaining to all examination, assessment and treatment rendered to:

CHILD'S NAME _____

DATE OF BIRTH _____

Parent's Signature _____

Date _____

A SIGNED COPY SHALL BE AS AN ORIGINAL

**AUTHORIZATION FOR RELEASE OF
COUNSELING/PSYCHOLOGICAL INFORMATION**

TO: Keeper of the Records

(Counselor's Name)

(Street Address)

(City, State, Zip)

(phone) AND (fax)

This is authority for you to permit Alise M. Price, Attorney at Law, 670 Meridian Way, Suite 255, Westerville, Ohio 43082, to copy, inspect, examine and forward any and all records, charts, reports, notes, tests and results thereof, assessments and results thereof, conclusions, recommendations and bills in your possession pertaining to all examination, assessment and treatment rendered to:

CHILD'S NAME _____

DATE OF BIRTH _____

Parent's Signature _____

Date _____

A SIGNED COPY SHALL BE AS AN ORIGINAL