Authorization for Release of Confidential Information

2023-2024

Student Name:

Parent/Legal Guardian Name:

I (please print): Authorize BRIGHTality Specialized Education and Support Services, LLC (BRIGHTality) to release the following information:

Check All That Apply:

Educational Goals	☐	Completed Work	☐	Future Plans	☐
Schedule	☐	Behavioral Incidents	☐	Health	☐
Attendance	☐	Any Information Regarding Student and Needs	☐		

To (name and title of person(s) to which disclosure is being made):

For the Following Purposes:

To meet and serve the educational, emotional, and social needs necessary to meet goals and implement individualized plans.

In accordance with FERPA and HIPAA, I, the above listed individual/student, herby authorize BRIGHTality Specialized Education and Support Services, LLC (BRIGHTality) to release information for my education needs, goals, plans, and records to the individual(s) named above and for the reasons specified. I acknowledge by my signature that I understand that although I am not required to release my information, I am giving my consent to do so. Additionally, I understand that I may revoke this

authorization in writing at any time, except for that information which has already been released with consent and prior to my revocation.

Student's Signature: _____Date: Click or tap to enter a date.

If Under 18, Signature of Parent, Guardian, or Legal Representative:

_____Date: Click or tap to enter a date.