

KERN COUNTY INTERAGENCY

CONSENT AND AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION (Please print.)

Student Name: _____ Birthdate: _____

Social Security #: _____ Client/Record #: _____ Agency: _____

Parent Name: _____

Agency/Person/Organization

I authorize all of the following unless otherwise indicated:

- | | |
|--|---|
| <input type="checkbox"/> Oildale Partnership | <input type="checkbox"/> DHS/CPS |
| <input type="checkbox"/> Kern County Mental Health | <input type="checkbox"/> Kern County Probation |
| <input type="checkbox"/> Child Guidance Clinic | <input type="checkbox"/> Bakersfield City School District |
| <input type="checkbox"/> Beardsley School District | <input type="checkbox"/> Kern High School District |
| <input type="checkbox"/> Standard School District | <input type="checkbox"/> 34th Street Partnership |
| <input type="checkbox"/> Kern County Superintendent of Schools | <input type="checkbox"/> Other |

Providing services for the student identified above, to exchange or obtain records/information obtained during the course of my student's education, case, and/or service plan with the understanding that if, and only if, such exchange of information is deemed necessary to plan or provide necessary services.

Restriction of Records or Information: None Yes _____

I understand that this consent for Release and Exchange of Records and Information is effective until such time as consent is withdrawn by the undersigned.

I have read this consent carefully.

Please print: _____
(Parent, Guardian, Conservator)

Signature: _____
(Parent, Guardian, Conservator)

Date: _____

Consent Withdrawn

Please print: _____
(Parent, Guardian, Conservator)

Signature: _____
(Parent, Guardian, Conservator)

Date: _____