



**Authorization for Release of Information**

I, \_\_\_\_\_ do hereby request and authorize Trekkers to release to, obtain from,  
(name of parent or guardian)

and discuss with \_\_\_\_\_ information regarding \_\_\_\_\_.  
(name of school district) (Student Name)

**Student Date Of Birth:** \_\_\_\_\_

**This information may include:**

- Entire educational record, incl. academic work and behavioral reports
- Medical Information that would impact involvement in Trekkers programming
- Psychiatric/Counseling Reports

I DO  I DO NOT authorize disclosure of information which refers to treatment or diagnosis of drug or alcohol abuse. If I authorize the release of such information, I understand that it cannot be re-disclosed by a recipient without my specific consent.

I DO  I DO NOT authorize disclosure of information which refers to treatment or diagnosis of psychiatric illness.

I DO  I DO NOT allow information to be released without my review.

**For purpose of participation in Trekkers programming**

- This consent has been made freely, voluntarily, and without coercion
- I was able to ask questions and receive answers about this release
- I hereby authorize releasing/obtaining of the information as specified above and further understand that those who receive this information cannot disclose it to others without my further consent, unless permitted by Federal or state law.
- I understand that I may revoke this authorization at any time.
- I may make changes to authorization at any time by requesting them in writing to Trekkers

NOTE: This release is valid only for the purpose stated. Trekkers, Inc. must obtain my written authorization before releasing any further information to any other agency.

I do hereby release Trekkers, Inc. and this agency/physician/counselor from all liability and all claims pertaining to the disclosure of this information when used as authorized.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date