

RSU 21  
Arundel, Kennebunk, Kennebunkport  
177 Alewife Road  
Kennebunk, ME 04043

AUTHORIZATION TO RELEASE/OBTAIN CONFIDENTIAL INFORMATION

Student Name:

Date of Birth:

Date of Authorization:

Authorization is hereby voluntarily granted to RSU #21 by the below signed student/guardian to exchange information with the following person or organization:

**Kennebunkport Parks & Recreation staff members**

Name of Person or Organization

Street City State Zip Telephone Fax

INFORMATION TO BE RELEASED COVERS THE FOLLOWING DATES:

METHOD FOR RELEASING: (check all that apply) X Oral X Written X Fax (fax cover sheet required) X Email

INFORMATION TYPE: The following checked items are being: X Released X Requested

- Assessment  Psychological Testing  Summaries
- Treatment/Service Plan  Physician Orders/Assessments  Legal/Criminal Justice Information
- School Records and Performance
- Other: (Specify) ongoing communication regarding social/emotional/behavioral needs for service coordination / student support
- Other: (Specify) attendance / school dismissal plans

PURPOSE OF INFORMATION:

- Treatment/Service Coordination  Evaluation  Educational Planning
- Other (e.g. Transfer, Transition Planning): school to rec transition at end of day

Release/Obtain alcohol/ drug abuse and HIV/AIDS information that is protected by Federal Confidentiality Rule (42 CFR).  
X Please check here if this section does not apply. If not checked, please answer the following questions:

- YES  NO I understand that I am not required to consent to the release of alcohol, drug and /or HIV information.
- YES  NO I give my consent to release/obtain drug and alcohol information:  
(Student/Parent/Guardian initials required) \_\_\_\_\_
- YES  NO I give my consent to release / obtain HIV/AIDS information:  
(Student/Parent/Guardian initials required) \_\_\_\_\_

I understand that this authorization is subject to revocation at any time, except to the extent that the agency has already taken action on this authorization. If not revoked earlier by written notice to RSU # 21, this authorization shall expire as follows:

- X One year from date of signature below
- Upon reaching (specific date or condition):

Once the requested information is disclosed pursuant to this Authorization, RSU #21 will no longer have control over the information, and there is a potential that it may be re-disclosed by the recipient and will no longer be protected by the privacy rules under the Health Insurance Portability and Accountability Act. (HIPAA) and the Family Education Rights and Privacy Act (FERPA).

Student Signature (if applicable) Date Witness Signature Date

Parent/Guardian Signature (if applicable) Date

Please send information to the attention of:

- Kennebunk Elementary School 177 Alewife Road, Kennebunk ME 04043 207-985-4402 / Fax: 207-985-6082
- Sea Road School 29 Sea Road, Kennebunk ME 04043 207-985-1105 / Fax: 207-985-4274
- Mildred L. Day 600 Limerick Road, Arundel, ME 04046 207-284-4677 / Fax: 207-284-5832
- X Kennebunkport Consolidated School 25 School Street, Kennebunkport, ME 04046 207-967-2121 / Fax: 207-967-5179
- Middle School of the Kennebunks 60 Thompson Road, Kennebunk ME 04043 207-467-8004 / Fax: 207-467-9059
- Kennebunk High School 89 Fletcher Street, Kennebunk ME 04043 207-985-1110 / Fax: 207-985 1350
- Superintendent of Schools 177 Alewife Road Kennebunk ME 04043 207-985-1100 / Fax: 207-985-1104