



TRANSCRIPT RELEASE & CONFIDENTIALITY FORM

Student's Name _____
Last First Middle Preferred Name

I authorize the release of the following data in my minor child's records from the person(s) listed below. Please release it to Chatham Academy, 4 Oglethorpe Professional Blvd., Savannah, GA 31406.

Please initial the items to be released:

- _____ Psychological reports (intelligence testing, social/emotional assessments)
_____ Cognitive assessments
_____ Educational assessments
_____ Medical records
_____ Psychiatric records
_____ Speech, hearing, vision
_____ Grades and final transcript
_____ Other (specify) _____

Request data from the following person:

Name _____
Title _____
Organization _____
Mailing Address _____
City, State, Zip _____

I further release all parties stated herewith from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information.

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that this consent expires automatically upon termination of services or on the following date or when the following even or condition transpires.

Executed this _____ day of _____, 20 _____

Witness Signature of Client/Client's Parent or Legal Guardian