



A member of the Orion Group, Incorporated
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Granite Hill School
Newport, New Hampshire

AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

I, _____ parent or guardian of _____, give my permission for the parties listed below to release and exchange confidential information and records, and to discuss issues regarding my child and family. The purpose of this is to facilitate admission of my child to Granite Hill School and to arrange for related services. Further disclosure of this information is not authorized unless a subsequent release is obtained and signed. Unless revoked by the signatory, this form shall expire one year from the date of the original signature.

Authorized Parties

- The DO-IT School
- Dr. Andrew Connery (Consulting School Psychologist)
- Dr. Alfred Allen (Director)
- Dr. Sandra-Leigh Sprecker (School Psychologist)
- Danielle Paranto (Head of School)
- N.H. Office of Vocational Rehabilitation

Child's present school district

Child's therapist

Other relevant party

Other relevant party

Other relevant party

Information to be released and exchanged:

- | | |
|---|--|
| <input type="checkbox"/> Progress Reports and Report Cards | <input type="checkbox"/> Discharge Summary or Plan |
| <input type="checkbox"/> Evaluation Reports | <input type="checkbox"/> Psychological Evaluations |
| <input type="checkbox"/> Information regarding legal issues | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Educational Tests and Evaluations |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Treatment Plans |
| <input type="checkbox"/> Individual Education Plan | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Medication Records | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> Other: _____ | |

Signature of parent, guardian, or Dept. of Education appointed surrogate parent

Date