



3300 East Palmdale Blvd.  
Palmdale, CA 93550  
[www.tpaa.org](http://www.tpaa.org)

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## AUTHORIZATION FOR RELEASE OF INFORMATION

### A. Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Previous School: \_\_\_\_\_ Present School: \_\_\_\_\_

### B. Educational/Health Information to be Released to:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### C. PURPOSE OF THE REQUESTED EDUCATIONAL/HEALTH INFORMATION

- ☐ Release of educational/health information at the request of student, their parent, their guardian, or their legal representative.
- ☐ Provide and plan educational services for student.
- ☐ Other: \_\_\_\_\_

### D. TYPE/DESCRIPTION OF EDUCATIONAL/HEALTH INFORMATION TO BE RELEASED

- ☐ Any and all school records including cumulative records, grades, attendance, etc.
- ☐ IEP/SST Data
- ☐ Discipline/Intervention History
- ☐ Health Records
- ☐ Other/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### E. Signature

By signing below, I authorize the disclosure and use of the educational/health information specified above, and further acknowledge that I have read and understand the Authorization Restrictions and Rights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
(Self, Parent, Guardian, Representative)

#### AUTHORIZATION RESTRICTIONS AND RIGHTS

1. This Authorization may be revoked at any time. To revoke this Authorization, you must provide TPAA with a written request to revoke this Authorization. The revocation will take effect when TPAA receives your revocation. Any information disclosed before your revocation is received by TPAA may be used as permitted in this Authorization.
2. You have a right to receive a signed copy of this Authorization. Upon request, you will be provided a copy of this Authorization.
3. Palmdale and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your child's educational/health information confidential. If you authorize the disclosure of your child's educational/health information to a person or entity that is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by state or federal law.
5. A photocopy or fax copy of this Authorization is as valid as the original.