



# Nampa Christian Schools

## Release of Information

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ (Nampa Christian Schools staff member) to release and/or exchange information regarding my child, \_\_\_\_\_, to the following person(s) or agency;

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

### Parties Authorized

I am authorizing for information: (please check one)

To be disclosed by \_\_\_\_\_

(list NCS Staff Member(s)) to the above agency/individual only

To be disclosed by the above agency/individual to \_\_\_\_\_ (list NCS Staff Member(s))

To be exchanged between \_\_\_\_\_ (list NCS Staff Member(s)) and \_\_\_\_\_ (above agency/individual)

### Purpose

The purpose of this disclosure is \_\_\_\_\_

\_\_\_\_\_

**Description of Information**

The information to be disclosed is: (please check one)

- Any and all information regarding the child listed
  - The minimum information that NCS Staff believes is required to accomplish the stated purpose
  - Any information that meets these specific criteria:
- 

**Expiration Date**

I understand and agree that this authorization will be valid and in effect from the date signed until the end of the current school year unless revoked. Current school year: \_\_\_\_\_

**Right to Revoke**

I understand that I can cancel this authorization at any time by sending a letter to \_\_\_\_\_ (NCS Staff Member(s) listed above). If I do this, it will prevent any disclosures not required by law after the date it is received, but cannot change the fact that some information was sent or shared prior to the date it is received.

I acknowledge and understand that I am waiving my confidentiality with respect to the information I am asking to be disclosed by this authorization and hereby release NCS Staff from any and all liability arising from this disclosure.

If I have listed other people on this release, I also attest that I am the parent, legal guardian, or otherwise have the legal right to consent for their medical treatment. I am not required in a divorce decree or otherwise to have the consent of any other prior to this person receiving such services.

Everything that was not clear to me has been explained and I believe I now understand all of it. I will receive a copy of this form after I sign it.

Printed name \_\_\_\_\_

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

NCS Staff Member \_\_\_\_\_ Date \_\_\_\_\_