



# Licking Valley Local School District

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## *Authorization for Release of Information 2019-2020*

All matters relating to the physical or mental condition of children are considered privileged and confidential and are treated as such by the staff of the Licking Valley Local Schools. Information regarding such matters cannot be given without consent of the parent of an individual under the age of 18, or consent of the individual if over 18, or if there is a guardian written consent must be obtained from the guardian. Licking Valley Schools are hereby granted my permission to exchange/release any pertinent information which may be necessary regarding the educational/medical assessments/records/reports and program of placement of:

Student Name: \_\_\_\_\_ Student DOB (mm/dd/yyyy): \_\_\_\_\_

Please check designated agencies/ individuals to exchange information:

Specific Information (names, organizations, etc.):

- |   |       |
|---|-------|
| <input type="checkbox"/> L.C. Board of Developmental Disabilities | _____ |
| <input type="checkbox"/> Licking County Mental Health             | _____ |
| <input type="checkbox"/> School District                          | _____ |
| <input type="checkbox"/> Children's Services Board                | _____ |
| <input type="checkbox"/> Licking County Health Department         | _____ |
| <input type="checkbox"/> Licking County Job and Family Services   | _____ |
| <input type="checkbox"/> Department of Youth Services             | _____ |
| <input type="checkbox"/> Hospital (please specify)                | _____ |
| <input type="checkbox"/> Physician (please specify)               | _____ |
| <input type="checkbox"/> Psychologist                             | _____ |
| <input type="checkbox"/> Service Provider Agency                  | _____ |
| <input type="checkbox"/> Social Security Administration           | _____ |
| <input type="checkbox"/> Other                                    | _____ |

Signature of person authorized to consent: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

Phone/Cell: \_\_\_\_\_

\*Consent will be valid for one year unless the authorizing individual requests that consent be revoked at any time.