



Grand River Technical School

Authorization to Release Information

I _____ hereby authorize Grand River Technical School to
(Student Name)

Check one:

_____ obtain from the following

_____ release to the following

Name/Agency: _____

The following documents/information from the records pertaining to services received---

Date of Service:

The documents to be released are described or listed as:

The records are required for the specific purpose of:

I understand that my authorization will remain effective from the date of my signature until _____, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature of Student

Date