



## Camden County Family Organization Confidential Release of Information

Authorization is hereby granted to Camden County Family Support Organization to:

- obtain information from:  release information to:  
 BOTH obtain from and release to:

\_\_\_\_\_  
Physician, Agency, Individual, etc.

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

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

for the following information pertaining to: \_\_\_\_\_

Name of Student/Child

**RECORDS** (check all that apply):

- School records (including discipline and counseling)
- Individualized Education Plans, Child Study Team Evaluations and records 504 and any documentation regarding same
- Psychological/Psychiatric Treatment Reports
- Health and Medical Records/Information
- Permanent Record (name, address, birth date, grade level completed, grades, class standing, attendance, standardized achievement, ability, aptitude test scores)
- Verbal Communication
- Discharge Summary
- All pertinent information

I have read and understand this authorization to disclose and obtain information. This authorization shall remain effective for the period of twelve (12) months from the date of my signature. This authorization can be revoked at any time by writing to the CCFSO office and requesting the same.

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18 years old):

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if student is 18 years or older)

\_\_\_\_\_  
Date

---

1030 Kings Highway North Suite 210  
Cherry Hill, NJ 08034 (856) 662-2600 [www.camdenfso.org](http://www.camdenfso.org)

*The confidentiality of the information disclosed is protected by Federal Law. Federal regulations prohibit making any further disclosures of this information without specific written consent of the person who it pertains to, or their parent/guardian, or as otherwise permitted by such regulations. A general authorization for a release of medical or other information is NOT sufficient for this purpose.*