Oberlin Road Pediatrics
1321 Oberlin Road, Suite A
Raleigh NC 27608
Phone 919.828.4747 - Fax 919 828 6765

Authorization for Educational Records and School Communication

Patient Name: _____

Date of Birth: ____ / ____ / _____

School/Organization: _____

I authorize Oberlin Road Pediatrics and the school or educational organization listed above to exchange information related to my child's educational, behavioral, developmental, and healthcare needs.

This authorization includes the release and receipt of educational records, including IEPs, Section 504 Plans, evaluations, reports, and related documentation, as well as reciprocal communication by telephone, fax, secure email, or written correspondence for the purpose of coordinating care and educational services.

I understand that I may revoke this authorization at any time by written notice. Revocation will not apply to information already disclosed. Unless revoked earlier, this authorization will remain in effect until the student is no longer enrolled at the above school. Information disclosed under this authorization may no longer be protected by federal privacy regulations.

Parent/Guardian Name (Print): _____

Relationship to Patient: _____

Signature: _____

Date: ____ / ____ / _____