SUSSEX COUNTY TECHNICAL SCHOOL
105 NORTH CHURCH ROAD, SPARTA, NJ 07871
Tel: (973) 383 6700 Fax: (973) 383 6951

Authorization to release/ receive information

Student Name _____ Date of Birth _____/_____/_____

Address: _____

Case Manager Name _____

I authorize the following parties to release, use and disclose information to each other as needed to coordinate care for the above individual. The information will be used or disclosed to coordinate the Individual Education Plan, benefits, legal proceedings, medical care or academic purposes.

☐ Sussex County Technical School

☐ Other _____

I hereby authorize the release, use and disclosure of the following information maintained by either of the above-named parties to the other party, and the sharing of this information between the above-named parties.

(*Check all that apply*)
☐ Complete Records ☐ School Records ☐ Personal Contact Information ☐ Medical

☐ Verbal Communication on progress ☐ Grades ☐ Discipline ☐ IEP ☐ 504

☐ Other (Please Specify) _____

By signing below, I acknowledge that I have read and understood that when my information is used or disclosed pursuant to this authorization, it maybe subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA privacy rule.
By signing below, a photocopy of this authorization will be considered as valid as the original- copy to be provided upon request.

Signature _____ Date: _____

Print Name: _____

Relationship to Individual_____

SR/2025

The Sussex County Technical School District does not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, parental status, physical disability, learning disability, or sexual orientation.