

Sandman Consolidated School  
838 Seashore Road  
Cape May, NJ 08204  
Telephone: (609) 884-9410  
Fax: (609) 884-9412

**LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT**  
834 SEASHORE ROAD  
CAPE MAY, NEW JERSEY 08204

Memorial School  
2600 Bayshore Road  
Villas, NJ 08251  
Telephone: (609) 884-9430  
Fax: (609) 886-0313

Maud Abrams School  
114 Towabank Road  
Cape May, NJ 08204  
Telephone: (609) 884-9420  
Fax: (609) 884-9421

TELEPHONE: (609) 884-9400  
FAX: (609) 884-1821

Carl T. Mitnick School  
905 Seashore Road  
Cape May, NJ 08204  
Telephone: (609) 884-9470  
Fax: (609) 898-9481

**RELEASE OF INFORMATION**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
I authorize: \_\_\_\_\_ to Release Information  
specified below to:

\_\_\_\_\_

This release of information \_\_\_\_\_ IS \_\_\_\_\_ IS NOT a reciprocal Release of Information.  
Information requested includes: \_\_\_\_\_

\_\_\_\_\_

The purpose and need for such disclosure \_\_\_\_\_

\_\_\_\_\_

This authorization shall remain in effect until \_\_\_\_\_ or until \_\_\_\_\_

\_\_\_\_\_

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my psychologist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

\_\_\_\_\_  
Signature of Parent:

\_\_\_\_\_  
Date

\_\_\_\_\_

If the authorization is signed by a personal representative of the student, a description of such representative's authority to act for the patient must be provided