



San Francisco Unified School District
Authorization for Release of Confidential Information

Student's Name: _____ Date of Birth: ___/___/___

School/Dept: _____ Address: _____

Contact Person: _____ Title: _____ Telephone: _____

I authorize the exchange of information described below between the San Francisco Unified School District and the following agency(s) and/or individual(s):

- Healthcare provider(s) (name)
Agency(s) (name)
Parent/ legal guardian (if minor consented to care) (name)
Other

This authorization applies to the following information: (check each line that applies)

- Educational Data/IEP Social/Developmental Psychological
Vision Speech/Language Audiological
Medical Other

Expiration: This authorization expires (date or event): _____

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Signature _____ Date _____

Indicate relationship to student: parent legal guardian:

AGENCIES, CHILDREN CENTERS AND HOSPITALS

AGENCIES

- ___ Golden Gate Regional Center
120 Howard St. 3rd Floor
San Francisco, CA 94105

- ___ SF Department of Human Services
P.O. Box 7988
San Francisco, CA 94105

- ___ S.F. Easter Seal Society
Attn: Early Intervention
95 Hawthorne, SF. CA 94105

- ___ S.F. Hearing & Speech Center
1234 Divisadero Street
San Francisco, CA 94115

CHILDREN CENTERS

- ___ California Children Services
30 Van Ness Ave., Suite #210
San Francisco, CA 94102

- ___ Chinatown Child Dev. Ctr.
Infant Development Program
720 Sacramento St.
San Francisco, CA 94108

- ___ Infant Parent Program
SFGH Building #9
2550-23rd Street, Rm. #130
San Francisco, CA 94110

- ___ Family Developmental Center
Attn: Early Intervention
2730 Bryant Street
San Francisco, CA 94110

HOSPITALS

- ___ CA Pacific Medical Center
Child Development Center
3700 California St.
San Francisco, CA 94118
Tel. 750-6200

- ___ Kaiser Permanente
Medical Correspondence
350 Street Joseph Street
San Francisco, CA 94115
Fax 833-3071

- ___ S.F. General Hospital
Attn: Medical Records Dept.
1001 Potrero Ave.
San Francisco, CA 94110

- ___ St. Luke's Hospital
Attn: Medical Records Dept.
3555 Cesar Chavez
San Francisco, CA 94110

- ___ UCSF Hospital
Attn: Medical Records Dept
400 Parnassus Ave., Rm. A-67
San Francisco, CA 94143
Physicians/Clinics/Specialist
Schools

Childcare/School Principal/Teacher

Address _____
City/Zip _____
Tel. _____

Social Worker

Address _____
City/Zip _____
Tel. _____

Physicians

Name _____
Address _____
City/Zip _____
Tel. _____

Others

Name _____
Address _____
City/Zip _____
Tel. _____