



Patoka School Board Members  
Andy Goldsboro: President  
Jeremy Landreth: Vice President  
Cassie Huffman: Secretary  
Kurt Belcher, Mark Payne, Russell Adams and Andrea Thompson

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Phone: 618-432-5440 Fax: 618-432-5306  
Mr. Justin Venhaus, Superintendent  
Mr. Phil March, Principal  
www.patokaschool.com

**AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

As the parent/legal guardian of the above child, I hereby grant my permission to Patoka Community Unit School District #100 to exchange confidential information concerning my child with **(Name of institution, doctor, medical provider, phone/fax numbers)**: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of this disclosure: **(Circle the number(s) that applies)**

- 1. Educational evaluation and program planning.
- 2. Health assessment and planning for health care services and treatment at school.
- 3. Medical evaluation and treatment.
- 4. Other: \_\_\_\_\_

I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records and reports. I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I further understand that this release will expire one year from the date of my signature. I may cancel this authorization at any time by submitting a written request to the school.

\_\_\_\_\_  
*Printed name of Parent/Legal Guardian*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*