

Authorization to Release Information

Applicant Name _____

Applicant Date of Birth _____

Name(s) of Agency, High School, Professional, Medical (all that apply):

The LSU Integrative Community Studies Program requests the following information regarding the aforementioned person to aid in providing quality services:

- Medical Information: diagnostic information, current medications, treatment history, assessments/Evaluations
- Individual Education Plan (IEP)
- Educational Assessments/1508 Evaluation
- Employment Assessment (Louisiana Rehab. Services)
- Psychological Information: diagnostic information, current medications, treatment history, assessments/Evaluations
- Individual Transition Plan for Employment
- Social Assessment Information
- Case Management Agency Reports/Plan
- Other: _____

By signing below, I understand that the LSU Integrative Community Studies Program shall share information with the referring agency and any other agencies as it pertains to the program services rendered to the aforementioned person and his/her health and welfare. I authorize the Integrative Community Studies Program to request information from the referring agency, school and other pertinent health care providers that is deemed pertinent to services provided. I also authorize the release of information from the referring agency to the Integrative Community Studies Program to aid in providing such services only until I complete the program or for three years from signature date (whichever comes first).

Applicant Signature _____ Date _____

Guardian Signature _____ Date _____

ICS Staff Signature _____ Date _____