



Belfast Adult Education \* RSU 3 Adult Education, Thorndike \* Five Town CSD Adult Education, Rockport/Camden  
Mid-coast School of Technology Adult Ed, Rockland \* RSU 13 Adult Education, Rockland \* RSU 40 Adult Education, Waldoboro  
RSU 12 Adult Education, Somerville \* Central Lincoln County Adult Education, Damariscotta  
Boothbay Regional Adult Education \* Merrymeeting Adult Education, Topsham/Brunswick/Bath

### Release of Student Records

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize this information to be released:

\_\_\_\_\_ From \_\_\_\_\_ to: \_\_\_\_\_

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

\_\_\_\_\_ To \_\_\_\_\_ from: \_\_\_\_\_

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

This information requested is for the period from \_\_\_\_\_ to \_\_\_\_\_

- |   |                                      |
|---|--------------------------------------|
| _____ Educational/School Records/Testing Results          | _____ Current IEP                    |
| _____ Substance Abuse Evaluations                         | _____ Vocational Assessments & Plans |
| _____ Psychiatric/Psychological Evaluations               | _____ Occupational Therapy Evals     |
| _____ Psychiatric/Psychological Comprehensive Assessments |                                      |
| _____ On Going Written and Verbal Information Assessments |                                      |
| _____ Other _____   |                                      |

The Adult Education programs will not release any information about an individual to any other agency or person without specific written consent of the individual.

I understand that the information being exchanged may contain information regarding psychiatric and/or alcohol and substance abuse treatment.

I understand that the Adult Education programs may release information without my written consent if I pose a direct threat to myself or others.

I understand this release expires one year from the date of signing unless I notify the Adult Education program noted above that I want to cancel this earlier.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_