

EVERGREEN

CHRISTIAN SCHOOL

ECS Records Release Form 2026-27

1. STUDENT INFORMATION	
Student Name:	Date of Birth:
Grade:	Teacher Name:
2. PARENT / GUARDIAN INFORMATION	
Parent/Guardian Name:	Relationship to Student:
Phone / Email:	Preferred Contact Method:
3. THERAPY / PROVIDER INFORMATION	
Provider / Therapist Name:	Provider Business / Practice Name:
Provider Type / Specialty:	Provider Phone Number:
Provider Email Address:	Provider Fax Number (if applicable):
Provider Address:	Provider Preferred Method of Communication:
4. AUTHORIZATION & DIRECTION OF COMMUNICATION	

I authorize communication between Evergreen Christian School and the provider identified above regarding the student named on this form.

Please check all that apply:

- ☐ School may RELEASE information to the provider.
- ☐ Provider may RELEASE information to the school.
- ☐ School and provider may EXCHANGE information in both directions.

Information that may be shared:

Please check all that apply:

- ☐ Academic progress / classroom performance

EVERGREEN

CHRISTIAN SCHOOL

- ☐ Attendance / school participation
- ☐ Behavioral or social-emotional observations relevant to school
- ☐ Student Support Plan / accommodations
- ☐ IEP / 504 information, if applicable
- ☐ Relevant school interventions or supports
- ☐ Treatment recommendations relevant to the student's school setting
- ☐ Other: _____

5. CONSENT & ACKNOWLEDGMENT

I understand that this authorization is intended to support communication and coordination of care and educational support for the student. I understand that I may revoke this authorization in writing at any time, except to the extent information has already been disclosed in reliance on this authorization. I understand that only information relevant to the purpose identified above should be exchanged and that this authorization does not require either party to disclose information that they are otherwise prohibited from disclosing by law.

Purpose of communication: To coordinate appropriate educational, behavioral, social-emotional, and/or therapeutic support for the student, as applicable.

Authorization expiration: This authorization expires on _____, unless revoked earlier in writing. If no date is entered, this authorization will expire one year from the date signed.

6. SIGNATURES

Parent / Guardian Signature:	Date: _____
Parent / Guardian Signature:	Date: _____
Student Signature (if applicable):	Date: _____
Teacher Signature:	Date: _____
School Administrator:	Date: _____