

Erie Rise Leadership Academy Charter School
Medical Records Release Form

3. Please circle or specify the reasons for this Authorization.

- At my request
- Other: _____

4. I understand that I have the right to revoke this Authorization at any time. I understand that I must revoke it in writing to the attention of the "Privacy Officer" of each Provider listed above.

I understand that information used or disclosed under this Authorization could potentially be re-disclosed by the person receiving the information and may no longer be subject to the privacy provided to me by law.

This Authorization will automatically expire once the student ceases to be enrolled at Erie Rise Leadership Academy Charter School.

I have read this Authorization or had it explained to me and I understand its contents.

Student Signature (14 or older): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Relationship of the Witness to the Student (if required):

Staff Signature: _____ Date: _____

Provider Signature: _____ Date: _____