



Baldwin County Public School System

Department of Prevention and Support Services

1091 B Avenue
Loxley, AL 36551
251.972.8550

Student's Name: _____

Date of Birth: _____

School: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the parent/legal guardian of the above referenced student, hereby authorize the designated agent (so noted below) to communicate with, receive records from, and release any and all pertinent information to the Baldwin County Public School System, Division of Prevention and Support Services, 2600-A North Hand Avenue, Bay Minette, Alabama 36507.

Copies of psychological evaluations, medical records, and other pertinent information will be used by professional personnel and maintained in confidential files. Please include information concerning medical/psychological diagnosis and any recommendations pertaining to the student's educational needs.

Designated Agent Address

Alta Pointe Health Systems
372 South Greeno Road
Fairhope, Alabama 36532

Correspondence should be sent to:

Parent/Guardian Signature

Date