

Nationally Certified
School Psychologist

Pennsylvania Certified
Elementary Guidance Counselor

Margaret J. Kay, Ed. D.

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Pennsylvania Licensed
Psychologist PS003431L

Pennsylvania Certified
School Psychologist

AUTHORIZATION TO EXCHANGE INFORMATION

I do hereby consent and authorize the _____ **SCHOOL DISTRICT** to provide a "Full Copy of my Child's Educational Records" to **MARGARET J. KAY, ED.D.**

These records should consist of all previous psychoeducational evaluation reports, report cards, results from standardized achievement testing, progress notes, anecdotal records and multi-disciplinary evaluation reports. I understand that this information is being used for the purpose of completing an Independent Educational Evaluation (IEE) for my child.

I also consent and authorize **MARGARET J. KAY, ED.D.** to provide to the _____ **SCHOOL DISTRICT** a copy of my child's written Independent Educational Evaluation (IEE) report.

This information is being disclosed from records whose confidentiality may be protected by Pennsylvania Law, Act 63, and/or Pennsylvania P.L. 817, and/or Federal Public Law 93-282, and/or Code of Federal Regulations, 42 (Drug and Alcohol treatment records), and/or Act 148 (Confidentiality of HIV-related Information Act). I understand the nature of this release and understand that I have the right to inspect material that is to be released. I understand that I may revoke this authorization at any time by notifying Margaret J. Kay, Ed.D.

This authorization shall be effective immediately and shall expire in one year from the date hereof or on _____ and is valid for all record documentation during the effective period.

I understand that I have the right to request a copy of this authorization and that I may revoke my consent at anytime by written notice.

Check one: Patient accepted copy Patient declined copy

Client or Parent/Guardian Signature

Date

Relationship to Client

Signature of Witness

Date

CLIENT'S NAME: _____ **DATE OF BIRTH:** _____