

TERRY TUTORS

Serving The Whole Student

PRIVACY RELEASE CONFIDENTIAL STUDENT & FAMILY INFORMATION

Student: _____ **DOB:** _____

This authorization releases confidential information pertaining to the student, _____, a minor, and protected under the Family Education Rights & Privacy Act (FERPA) and the Health Insurance Portability & Accountability Act (HIPAA) to Terry Tutors and its Service Providers.

Purpose:

This authorization is for the primary purpose of communication between Terry Tutors and the School, District, and its employees, any previous or future schools the student has or will attend, and any outside service providers the student is seeking support from, including but not limited to any previous or current Psychologists, Physicians, Therapists, Educational Evaluators, or other therapy or medical services.

Extension:

This authorization extends to all concerns arising under the umbrella of the student's academic performance, including but not limited to student records, psycho-educational assessments, and medical information that may affect the student's academic, social-emotional, behavioral, and cognitive development.

Duration:

This authorization remains in effect for the duration of services between the student and family, and Terry Tutors.

Parent Name & Relationship to Student

Parent Signature

Date:

Christine Terry, J.D. Founder of Terry Tutors, providing
Support Services to Student & Family

Date: