

**NORTH STAR  
EDUCATION SERVICES, LLC.  
288 Route 101, Suite 101  
Bedford, NH 03110**

**AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION**

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

This will authorize \_\_\_\_\_ to obtain/release the following protected records or information, as indicated below, to/from:

\_\_\_\_\_  
(Person(s)/Agency receiving or sending information)

\_\_\_\_\_  
(Address and Telephone Number)

The purpose for this authorization is to request the following:

- |                                     |   |
|-------------------------------------|---|
| ___ Special Education Records       | ___ Case Consultation/Discourse<br>(email/phone/face to face) |
| ___ Cumulative File Records         | ___ School Observation  |
| ___ Student Work Samples/Portfolios | ___ Medical Records/Information                               |
| ___ Discipline Records              | ___ _____   |

The individual consenting to this request should be aware that this authorization may be revoked at any time, in writing, although such revocation would not be retroactive to records previously released where actions have been taken based on an authorization already signed; this release will be automatically rescinded once the client or his parent/guardian no longer is receiving direct services.

\_\_\_\_\_  
**Client Signature (over 18 years)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/ Guardian Signature  
(client under 18 years)**

\_\_\_\_\_  
**Date**