AUTHORIZATION TO RELEASE INFORMATION/ RECORDS

I authorize ***The Richland County School District*** to release to Christopher E. Church, Attorney, and any representative of the Clinical Law Office of the University of South Carolina School of Law any and all information pertaining to ***[child name]***, a student, whose date of birth is ***[DOB]*** and student ID is ***[ID if known]***. This Authorization covers any and all records and information in your possession, custody or control, including medical, psychological, legal, financial, employment, and educational records and information. The Authorization includes the release of all records or documents deemed confidential and extends to all documents otherwise considered confidential under any Federal or State privacy laws.

This Authorization shall include the right to inspect, copy, or otherwise utilize said records and further authorizes any person familiar with or having knowledge about ***[child name]*** to freely discuss such information, records, or non-recorded information with any of the above-named persons or representatives from the Clinical Law Office of the University of South Carolina School of Law.

 A photocopy of this Authorization and Request shall have the same force as the original. I understand that this Authorization is effective until I revoke it in writing.

Person Authorizing Release of Information: **[Client]**, Parent/Guardian

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Signature of Parent/Guardian Authorizing Release

Signature witnessed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_