



ORISUN ACADEMY FOR HEALING ARTS

RELEASE OF INFORMATION FORM

Student Records Authorization & Exchange

Use this form to authorize Orisun Academy for Healing Arts to release and/or exchange designated student records with the school, agency, or professional identified below.

STUDENT INFORMATION

Student Name		Date of Birth	___ / ___ / ___
Current Grade / Village		School Year	20___ - 20___

RECORDS AUTHORIZED FOR RELEASE / EXCHANGE

☐ **ALL STUDENT RECORDS** - including academic, attendance, health, assessment, support-service, and other records maintained in the student file, except where disclosure is restricted by law.

☐ **SPECIFIC STUDENT RECORDS (check all that apply):**

☐ Cumulative / permanent record	☐ Grade reports / transcript
☐ Attendance records	☐ Discipline / behavior records
☐ Standardized assessments / test scores	☐ Enrollment / withdrawal / transfer records
☐ IEP / special education records	☐ Section 504 / accommodation records
☐ Psychological / psychiatric evaluations	☐ Social / developmental histories
☐ Speech / language evaluations	☐ Occupational therapy evaluations
☐ Physical therapy evaluations	☐ Academic intervention / support records
☐ Health / medical / immunization records	☐ Physical examination records
☐ Birth certificate / proof of age	☐ Other: _____

RELEASE / EXCHANGE WITH

School / Agency / Professional	Orisun Academy for Healing Arts
Name: _____	Baltimore, Maryland
Address: _____	Email: OyaOutreach@gmail.com
Attn / Email / Phone: _____	Website: orisun.ownyourase.org

PURPOSE AND DURATION OF AUTHORIZATION

Purpose of disclosure/exchange: ☐ Educational planning ☐ Enrollment/transfer ☐ Student support/services ☐ Other: _____

This authorization applies through: ___ / ___ / ___ (not to exceed one year from the date signed).

I understand that I may inspect and request a copy of the information to be disclosed, may limit this authorization to specific records, and may revoke this authorization in writing at any time. Revocation does not affect information already released or exchanged before written revocation is received. I understand that refusing to authorize an exchange of relevant records may limit the information available for educational planning and student support.

PARENT / GUARDIAN AUTHORIZATION

Printed Name		Relationship	
Signature		Date	___ / ___ / ___

Student signature (if age 18 or otherwise legally authorized): _____ Date: ___ / ___ / ___