



DHARMA DREAMS VOCATIONAL CENTER
Release of Information

Student Name: _____

Date of Birth: _____

Parent/Guardian Name (if applicable): _____

I hereby authorize **Dharma Dreams Vocational Center** to request, receive, and exchange information regarding the student named above from and with the following parties:

- Public or private schools attended (including special education departments)
- Evaluators and clinicians (including neuropsychologists, speech and language pathologists, occupational therapists, mental health providers, and medical doctors)
- State and local agencies providing services
- Other relevant professionals or organizations involved in the student's education, training, or care

Purpose of Disclosure:

The purpose of this release is to assist Dharma Dreams Vocational Center in reviewing the student's application, determining eligibility, developing an appropriate training plan, and coordinating educational and vocational services.

Types of Information to be Disclosed:

- Educational records (including IEPs, evaluations, progress reports)
- Medical and psychological evaluations relevant to educational/vocational planning
- Attendance and performance records
- Any other relevant information necessary for program placement and support

Method of Disclosure:

Information may be shared in person, by phone, fax, mail, or secure email.

Duration of Release:

This authorization will remain in effect for one (1) year from the date signed, unless revoked in writing by the student or parent/guardian before that time.

Right to Revoke:

I understand that I may revoke this authorization at any time by submitting a written request to Dharma Dreams Vocational Center. I also understand that revocation will not affect any disclosures already made in reliance on this authorization.

Confidentiality:

All information received will be treated as confidential and in accordance with the **Family Educational Rights and Privacy Act (FERPA)** and any other applicable laws.

Signature of Student (if 18 or older): _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Witness/Staff: _____ **Date:** _____
