



The Arc of
Greater Pittsburgh

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711 Bingham St.
Pittsburgh PA 15203

5129 Route 30
Greensburg PA 15601

Beaver County

204 Golfview Rd.
P.O. Box 105
Monaca PA 15061

Erie County

P.O. Box 9155
Erie PA 16505

AUTHORIZATION FOR RELEASE OF RECORDS and CONFIDENTIAL INFORMATION

TO: _____

I, _____, hereby authorize you to release to Achieva Advocacy and Family Supports information from the record of:

NAME: _____ D.O.B. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

For the purpose of: _____.

Signature: _____ Date: _____

Signature of Parent/Legal Guardian/Authorized Representative: _____

Authorized Representatives Relationship and Authority to act on behalf of the person:

Oral Authorization in the Case of an Emergency and the Person is not Physically Able to Sign:

I witness that the above named person understood the nature of this release and freely gave their oral authorization.

Date: _____ Signature of Witness #1: _____

Date: _____ Signature of Witness #2: _____

The information being requested is:

___ Educational records, psychological and educational evaluations and reevaluations, Individualized Education Plans, report cards and discipline records.

___ Medical records, including social and medical history, treatment recommendations and discharge summary, psychological and psychiatric evaluations and developmental history.

___ Records, Priority of Need for Services (PUNS), Individualized Support Plans (ISPs).

___ Shared verbal information

___ Other: _____

I understand that this Authorization is effective for one year. I understand that I have the right to revoke this authorization at any time by sending a written request to the entity I authorized above to release the information.