

**Release of Educational Information**

Fax: 479-973-6050  
Phone: 479-973-6000

\_\_\_\_\_ parent/guardian of \_\_\_\_\_  
(Parent/Guardian) (Student)

born on \_\_\_\_\_ attending \_\_\_\_\_ grade, authorize Springwoods Behavioral Health to  
(DOB)

contact my child's school, \_\_\_\_\_  
(Name of school)

**Attendance and credit can be maintained while students are patients at Springwoods Behavioral Health. They will not be counted as absent at their schools while they are at Springwoods. The education staff will contact the Registrar at your student's school once this form is signed and received. This contact will ensure that the student is not counted absent. Attendance and grades earned at Springwoods will be forwarded to the Registrar at discharge. REGISTRAR: Please withdraw this student on the date listed on this form.**

Is your child attending school (please check)  in person  virtual  hybrid  homeschooled

The contact person/teacher is \_\_\_\_\_, and you can contact them at \_\_\_\_\_.

Does your child have an IEP and receive Special Education services in any subject?  yes  no

(If s/he does, you would have attended meetings at the school with teachers and special education representatives to discuss qualification and services. This does not include programs such as 504, reading recovery, or gifted and talented. Special Education is an individualized education plan with goals and objectives).

Does your student receive accommodations under a 504 plan?  yes  no

**With your consent, your child's discharge information (medication, diagnosis, safety plan, and scheduled therapy session) will be sent to the school's Registrar upon discharge from our facility.**  
 yes  no

(  
\_\_\_\_\_  
Signature of parent or legal guardian Date/Time

\_\_\_\_\_  
Staff signature Date/Time