

**Student Services***"Learning Today, Leading Tomorrow"*Cheri Thurman
Assistant Superintendent
Student ServicesDr. Laura Smith
Executive Director of Student ServicesStacy Schwartz
Student Services Coordinator**CONSENT FOR RELEASE OF INFORMATION**

Date of request: _____

Student's Name: _____ D.O.B. _____

We request the release of the following information:

To: _____

From: _____

Attn: _____

Attn: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

- ☐ Cumulative permanent school records
- ☐ Psychological reports
- ☐ Health Records
- ☐ Special Education records including: active IEP and current Diagnostic Summary
- ☐ Section 504 Title II records: including active 504 Title II plan.
- ☐ Other (specify) _____

This information is requested for the following reason(s):

- ☐ Transfer of student to this/another district
- ☐ New enrollment/re-enrollment
- ☐ Hospitalization
- ☐ Contractual placement
- ☐ Special education evaluation information
- ☐ Psychological evaluation information
- ☐ Individualized Education Program Planning (IEP)
- ☐ Other (specify) _____

(Signature of Parent/Legal Guardian)_____
(Date)**A COPY OF THIS FORM SHOULD BE ACCEPTED AS THE ORIGINAL**