

Consent for Release of Information

Student's Name: _____ Date: _____
School: _____ Grade: _____
School Contact: _____ Date of Birth: _____
School Address: _____ Parent(s) Name: _____
_____ Parent Address: _____
Local Student ID: _____
Unique Student ID: _____

I authorize _____

To release information to: _____

To obtain information from: _____

The purpose for the request is: _____

The information to be released includes:

- | | |
|---|--|
| <input type="checkbox"/> Record of Annual Academic Performance (PreK-8) | <input type="checkbox"/> Student Child Find Referral |
| <input type="checkbox"/> Annual Secondary Performance | <input type="checkbox"/> Parental Consent for Initial Assessment |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Assessment Reports |
| <input type="checkbox"/> Health Screening | <input type="checkbox"/> IEP Team Evaluation/Eligibility |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Speech/Language Records |
| <input type="checkbox"/> School Health Records | <input type="checkbox"/> Related Services Records |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Current Student IEP |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Student IEP Progress Reports |
| <input type="checkbox"/> Behavior Intervention Plan | <input type="checkbox"/> Other, specify _____ |
| | <input type="checkbox"/> All of the above |

Parent/Guardian/Surrogate Signature

Date