

**Permission to Obtain and Release Information**

**Date:** \_\_\_\_\_

**Dear** \_\_\_\_\_

In order for us to ☐ obtain ☐ release information regarding [you, your child]

\_\_\_\_\_  
(FULL NAME)

please complete and return one copy in the self-addressed, stamped envelope that is included and keep the other copy for your files. If you have questions contact me.

Sincerely,

**School District Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

<b>PERMISSION TO OBTAIN OR RELEASE INFORMATION</b>
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I, the undersigned, hereby request and authorize [school, agency(ies), or person]:

\_\_\_\_\_

to release to \_\_\_\_\_

the information which I have indicated below, for the purpose of \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- ☐ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- ☐ Medical and/or related health records
- ☐ Psychological evaluations or social work reports
- ☐ Multidisciplinary team evaluations and related reports
- ☐ Appropriate agency reports
- ☐ Individualized education programs
- ☐ Other (specify): \_\_\_\_\_

\_\_\_\_\_  
**Individual Requesting Record Release**

\_\_\_\_\_  
**Date**

Please return this form to: \_\_\_\_\_ at

This release form is valid for one year from date of signature, unless specified otherwise.
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