



South Lane School District Permission to Release or Exchange  
Information/Permission to Observe Form

I give my written permission to the South Lane School District to release the  
following information concerning \_\_\_\_\_, for  
Name of Student  
assistance in planning and developing behavior support services.

INFORMATION REQUESTED: (check items desired)

- \_\_\_ student education records
- \_\_\_ intelligence test scores/psychological reports
- \_\_\_ personality and/or interest assessments
- \_\_\_ teacher and/or counselor observations, ratings, recommendations
- \_\_\_ social work reports
- \_\_\_ medical information
- \_\_\_ individual education plans (IEPs)
- \_\_\_ speech/language and hearing records
- \_\_\_ other (specify) \_\_\_\_\_

By signing below, I give my permission for the South Lane School District's Behavior Specialist to observe and consult with my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_