

Last Name: _____ First Name: _____ DOB: _____

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION (§300.622)

STUDENT NAME:	Date of Birth:	Grade:	Date Educational Records Requested:
Name of Parent/Guardian:	Address (Street, P.O. Box)		
_____	City, State, Zip:		
RECORDS REQUESTED BY			
Name:	Address: (street, P.O. Box)		
School/Agency/ Institution:	City, State Zip:		
PURPOSE OF REQUEST			
REASON:	Completed by:	Date Sent:	
Transfer Student			
Due Process			
Other: (specify)			
RECORDS REQUESTED			
	Completed by:	Date Sent:	
Completed Classroom Observations and class work ()			
Case History ()			
Medical and Health History ()			
Completed Referral Form ()			
Consent for Evaluation ()			
Evaluation Reports ()			
Determination of Eligibility Form ()			
Consent for Placement ()			
Individualized Education Plan (IEP) ()			
IEP meeting notes ()			
Other: ()			
This is to certify that I agree to the release of the student records checked above with the understanding that they will be released only for the purpose stated above and only to the person/ institution stated above per (34CFR Part99 (FERPA))			
Signature: Parent/Guardian			Date:
Signature: Student (if appropriate):			Date:
The undersigned releases these records with the understanding that they are being released only for the purpose stated above and only to the person/institution stated above.			
Authorized School Official:			Date:

I understand that I may revoke this consent at any time. All actions previously in place will end as of this date. (§300.9(c)(2)). Parent/Guardian/Student (if of age) Initials: _____ Date: _____