[School Name]

[School Address]

[Phone and Fax Number]

AUTHORIZATION FOR RELEASE OF INFORMATION

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STUDENT’S NAME DATE OF BIRTH GRADE

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STUDENT’S NAME DATE OF BIRTH GRADE

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STUDENT’S NAME DATE OF BIRTH GRADE

\_\_\_\_\_ACADEMIC RECORDS

\_\_\_\_\_IMMUNIZATION/HEALTH RECORDS

\_\_\_\_\_WITHDRAWAL GRADES

\_\_\_\_\_STANDARDIZED ACHIEVEMENT TEST SCORES

\_\_\_\_\_PSYCHOLOGICAL REPORTS/RESPONSE TO INTERVENTION

\_\_\_\_\_ESE STAFFING/INDIVIDUAL EDUCATION PLAN OR 504 PLAN

\_\_\_\_\_OTHER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZING SIGNATURE DATE