

DAVIS SCHOOL DISTRICT
Special Education Department
P.O. Box 588
Farmington, Utah 84025-0588
Phone: 1-801-402-5169
Fax 1-801-402-5189

AC-1
DSD SPED
Feb 2003

AUTHORIZATION FOR RELEASE OF SPECIAL EDUCATION INFORMATION

DATE: / / _____

I, _____, hereby authorize the release of the following information regarding
Parent / Guardian Signature

my child / ward name:(L) _____ (F) _____ (M) _____

Date of birth: _____ Grade: _____
(month, day, year)

I authorize the release of the following records:

- Psychological (including testing data)
- Social
- Medical
- Other (Special Education, Resource)

- Request Fax Copy
- Request Copy of file via mail
- Special Request: _____

Send From:

Send To:

Person: _____

Person: _____

Agency / School: _____

Agency / School: _____

Street Address: _____

Street Address: _____

City, State: _____

City, State: _____

Zip: _____

Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Parent / Guardian's Signature (required if records are to be sent out of Utah)

Date

School Authority's Signature

Position

Date

Date sent to District Office

This form must accompany all folders sent to the Special Education Office to be forwarded to other Districts