

**DAVIS SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT
Inactive SPED File – Receipt of Release**

Date of Release: _____

Student Name: _____

Student Date of Birth: _____

Student DSD Number: _____

Year Student Graduated: _____
(Teacher verified from school records.)

School Releasing File: _____

Individual Releasing File: _____

Print Name

Signature

Individual Accepting File:

- Student
- Parent/Guardian

Print Name

Signature

Identification Verified

TYPE:

- Dr. License
- State ID
- Other, Specify
