

Davis School District  
Vista Education Campus

Post High Programs  
97 South 200 East, Farmington, Utah 84025  
Phone: (801)402-5975 Fax: (801)402-5976

**AUTHORIZATION FOR RELEASE OF SPECIAL EDUCATION INFORMATION**

*This Release of Information form will be in effect for 365 days, unless rescinded.*

Date: \_\_\_\_\_  
*Date*

I, \_\_\_\_\_, hereby authorize release of the following information regarding  
*Print Guardian / Parent Name*

myself/my child/my ward: \_\_\_\_\_  
*Last Name First Name Middle Name*

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(month, day, year)*

I authorize release of the following records:

- |                                                                 |                                                                    |
|-----------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Psychological (including testing data) | <input type="checkbox"/> Request Fax Copy                          |
| <input type="checkbox"/> Social                                 | <input type="checkbox"/> Request Copy of file via mail             |
| <input type="checkbox"/> Medical                                | <input type="checkbox"/> Special Request                           |
| <input type="checkbox"/> Other (Special Education, Resource)    | <input type="checkbox"/> Two way Communication (can call and talk) |

|                       |                       |
|-----------------------|-----------------------|
| Send From:            | Send To:              |
| Person: _____         | Person: _____         |
| Agency/School: _____  | Agency/School: _____  |
| Street Address: _____ | Street Address: _____ |
| City, State: _____    | City, State: _____    |
| Zip: _____            | Zip: _____            |
| Phone: _____          | Phone: _____          |
| Fax: _____            | Fax: _____            |

\_\_\_\_\_  
*Own Guardian / Parent 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.