



**Special Education Records  
Release Authorization**

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

Name (please include maiden name): \_\_\_\_\_

Student Number: \_\_\_\_\_ Name of School Last Attended: \_\_\_\_\_

Year graduated or last attended: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Send Special Education Records to \_\_\_\_\_

Street Address of Recipient \_\_\_\_\_

Street Address #2 of Recipient \_\_\_\_\_

City, State, Zip Code of Recipient \_\_\_\_\_

Notes regarding request:

- 1. Student must sign if 18 years or older, UNLESS proof of guardianship is presented.
- 2. Parent/Guardian must sign if student is under 18 years of age.
- 3. A photocopy of an ID such as a driver's license with legible signature must accompany this request.

\_\_\_\_\_  
Print Current Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

**FOR OFFICIAL USE ONLY:** Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Identification: \_\_\_\_\_