



**Special Education Records
Release Authorization**

Date: _____

Student Name (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: _____	