

FRANKLIN COUNTY PUBLIC SCHOOLS  
FRANKFORT, KENTUCKY

RELEASE OF INFORMATION FORM

Child's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

I, \_\_\_\_\_, (parent/legal guardian) authorize the release of confidential information identified below. The confidential information shall not be otherwise released and shall be held confidential for any other purpose unless mandated by applicable law. This release is valid for up to one (1) year from the date of my signature below.

Initial	Authorized Materials
	Complete Student Cumulative Records:
	a. Test Scores
	b. Grades
	c. Attendance
	d. Psychological Reports
	e. IEP and Reviews
	Psychological Test Results
	a. Intelligence
	b. Psychomotor
	c. Projective
	Medical History and Physical Examinations
	Psychiatric Summary/Psychological History
	Psychiatric Hospital
	Inpatient Records
	Therapeutic Records
	Substance Abuse
	Treatment Records
	State of Legal Status and Custody
	Court Records
	Verbal Exchange
	Other (Specify)
	Other (Specify)
	Other (Specify)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship (check one) \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Other(Specify)

White (Office)

Yellow (Parent/Guardian)