Date Sent/Mailed ______________ Release Information

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

Department of Special Education

NOTICE FOR RELEASE/CONSENT CONFIDENTIAL INFORMATION

Student ____________________________ **School** __________________________

ID# ____________________ Grade:_______ DOB:____________________

We are asking that you authorize the person or agency named below to release/to request specified records containing confidential information regarding the above named student to the following school staff-person:

____
NAME AND POSITION OF SCHOOL STAFF PERSON

____
***PERSON/AGENCY TO WHOM REQUEST IS MADE/**
***PERSON/AGENCY MAKING REQUEST**

ECTOR COUNTY I.S.D.
NAME OF ISD/SPECIAL EDUCATION COOPERATIVE

____
NAME OF PERSON/AGENCY

ADDRESS: P.O. BOX 3912
ODESSA, TEXAS 79760

ADDRESS: ________________________________
____

FAX#: 432-456-8718

FAX#:________________________________

*RECORDS TO BE RELEASED/RECORDS REQUSTED	*PURPOSE OF DISCLOSURE
ALL SPECIAL EDUCATION RECORDS (ARDS, PSYCHOLOGICAL, CIA, SPEECH, ETC)	FOR APPROPRIATE SPECIAL EDUCATION PLACEMENT.

Please check ( ) the appropriate boxes below. For more information, please call:

____
SCHOOL STAFF PERSON TELEPHONE NUMBER

YES NO *I have been fully informed and understand the school's request for my consent, as described above. This information will be released/requested upon receipt of my written consent.

YES NO *I understand that my consent is voluntary and may be revoked at any time.

YES NO *I understand that I will be notified in writing of each release of educationally related information.

____ ________________
***SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT** **DATE**

____ ________________
SIGNATURE OF INTERPRETER, IF USED **DATE**

Please return this form to:____________________________________ **at:**________________________________
as soon as possible. **SCHOOL STAFF PERSON** **SCHOOL**

***Required only when a school district does not include in its policy a notice that education records are forwarded to other agencies or institutions that have required these records and in which the student intends to enroll.** **3/92**
***Denotes required items** **PS-Rel.**