



**OFFICE OF SPECIAL SERVICES**

621 Bluff Road  
Columbia, SC 29201  
Phone: (803) 231-6773

**REQUEST/RELEASE**

*CONFIDENTIAL INFORMATION*

**Address for Requesting Records**

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**Send Records or**

**Dominic Davis, Records**

**Requests To:**

[specialservicetransfers@richlandone.org](mailto:specialservicetransfers@richlandone.org)

**Office of Special Services  
Richland County School District One  
621 Bluff Road, Columbia, SC 29201**

**Student:**

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**Date of Birth:**

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**Parent(s):**

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**Purpose of Request/Release:**

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**Information Needed:**

- Psychological                       Placement Form                       IEP
- Social History                       Vision                       Permission to Evaluate
- Speech/Hearing Screening                       Medical Records
- Other: \_\_\_\_\_

My signature below authorizes Richland School District One to request/release all personally identifiable data such as psychological and academic test results and medical information, in reference to my child.

I also give my permission for Richland School District One to utilize these reports to ensure the most appropriate educational placement for my child.

**Signature of Parent/Guardian:**

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**Date:**

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**Requested By:**

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