



OFFICE OF STUDENT SUPPORT

RELEASE OF SPECIAL EDUCATION RECORDS

STUDENT NAME: _____

DATE OF BIRTH: _____

**I HEREBY ACKNOWLEDGE RECEIPT OF MY CHILD'S/MY SPECIAL
EDUCATION
RECORDS:**

PARENT/LEGAL GUARDIAN SIGNATURE DATE

STUDENT SIGNATURE DATE

IDENTIFICATION VERIFICATION (Attached Copy of Photo ID):

DRIVER'S LICENCE (NUMBER/STATE): _____

OTHER FORM OF ID: _____