AUTHORIZATION FOR THE RELEASE OF SPECIAL EDUCATION INFORMATION

Higley Unified School District #60
2935 South Recker Road, Gilbert, AZ 85295

Student Name _____ Date of Birth _____

Requestor's Name _____

☐ PARENT/LEGAL GUARDIAN

☐ STUDENT (IF 18 OR OVER)

Please release a copy of the special education records as indicated:

☐ Current IEP ☐ Evaluation (MET)

☐ Other _____

Please deliver the documents by the following method:

☐ E-mail ☐ Fax ☐ Pick up in Person ☐ U.S. Mail

Delivery Method Details: (Please include e-mail address, fax number, pick up person's contact information for when documents are available, or U.S. Mail address.)

_____

OR

I authorize the release of records to the following school or agency:

Name of School/Agency

_____

Street Address, City, State, and Zipcode

_____

E-mail _____ Fax _____

Requestor's Signature _____ Date _____

Signature and photo ID are required for records to be released.

For Office Use Only

Received By: _____ Date Photo ID Verified: _____

Date Records Sent: _____ Delivery Method: _____

Higley Unified School District Special Education Records E-mail: Special.Education@husd.org PH: 480-279-7059 Fax: (480) 279-7502

Revised 08/03/2023