



SPECIAL EDUCATION DEPARTMENT

Request for Records

DATE:

Permission is hereby granted for the release of any medical, psychological, or educational information regarding my child to the school corporation shown above. The information would include if appropriate:

1. IEP
2. Individual Psychological Testing/Results
3. Audiological Testing/Results
4. Speech/Language Inventories
5. Medical/Immunization Records
6. School Transcripts
7. Other Pertinent Information

SCHOOL CORPORATION

TO:

SIGNED _____

ADDRESS _____

Student _____

Birth date _____

Special Education Department/Unit 0430
 1200 South Clinton Street, Fort Wayne, IN
 46802 Phone: 260-467-1110 Fax: 260-467-
 1189