RELEASE OF INFORMATION AND RECORDS

CHILD'S NAME: _____

DOB: _____

In order to ensure your child is provided with equal access (both physical and academic) to services, programs and activities offered by our school, a mutual exchange of information and records is required for your child.

The requested exchange is between the _____School District and the following: _____(hospital, clinic, physician, institution, association, or school).

Address: _____

Name of Contact Person: _____

Phone: _____

Records that may be exchanged include the following (check all that apply):

_____Release all information

_____Release checked information list:

- _____ General identifying data (name, address, birth date, grade level completed grades, class standing, attendance record)
- _____ Standardized achievement and aptitude test scores
- _____ Personality and interest scores
- _____ Teacher ratings
- _____ Record of extra-curricular activities
- _____ Individualized education programs
- _____ Psychological reports
- _____ Medical reports
- _____ Psychiatric report
- _____ Other: _____