



MONTGOMERY TOWNSHIP SCHOOLS

1014 ROUTE 601 • SKILLMAN, NJ • 08558-2112 • PHONE (609) 466-7600 • FAX: (609) 466-0944

DEPARTMENT OF SPECIAL SERVICES

CONSENT FOR RELEASE AND/OR EXCHANGE OF INFORMATION

Student's Name:	Date of Birth:	Age:
School:		Grade:

I hereby authorize the release and/or exchange of information regarding the above-named child between Montgomery Township School District and:

Address:	City:	State:	Zip Code:
Phone Number:	Fax Number:		
Email:	Comments:		

The information released shall be:

- | | |
|--|---|
| ☐ Special Services Assessments/IEPs | ☐ Educational Evaluation |
| ☐ Psychological Evaluation | ☐ Social History |
| ☐ Clinical Reports | ☐ Other |

The reason for this authorization is to provide information to assist in assessment of student, for special education.

VALID UNTIL 1 year from date	Signature:	Date:
	Relationship to Student:	
	Street Address:	
	City:	State:

A copy of these reports may be obtained by the parent/guardian upon written request at the expense of the person making the request.

Information received by Montgomery Township School District will be placed in the student's record and will be available for inspection and review in accordance with the Family Education Rights and Privacy Act of 1974. Information sent by Montgomery Township School District may not be shared with another party without the written consent of the parent/guardian or the student, if the student is 18 years of age or older.

PLEASE MAIL TO:

Montgomery Township School District
Department of Special Services
1014 Route 601
Skillman, NJ 08558
kdamianakis@mtsd.us

EMAIL TO: