



CONSENT FOR RELEASE OF STUDENT RECORDS

Student Name: _____ Birthday: _____
Last First Middle

D300 School: _____ Grade: _____

D300 Contact: _____

I authorize School District 300 to **release** information concerning the above named student to:


I authorize School District 300 to **obtain** information concerning the above named student from:

NAME/AGENCY: _____

ADDRESS: _____

City State Zip

TELEPHONE: _____ FAX: _____

 **TO Parent(s)/Guardian:** Please **INITIAL** each item of information listed below you wish to have released.

_____ Permanent Records such as: student's identifying information, parent's name and address, academic transcripts/test scores, attendance records, accident and health records, honors and rewards received, participation in school-sponsored activities

_____ Temporary Records such as: disciplinary information, class schedule, test scores, family background information, teacher anecdotal information, verified reports from non-school persons or agencies

_____ * Special Education Records including all Case Study Components, I.E.P.'s and MDC Reports

_____ * Speech/Language, Physical or Occupational Therapy Reports/Evaluations

_____ * Social work reports/assessment

_____ * Psychological Evaluations

_____ * Special education files including reports of multidisciplinary staffings

_____ * Health History

_____ * Verified reports from non-school persons or agencies which were part of special education decisions

_____ Other (specify) _____

_____ Parent/Guardian Signature _____ Print Parent Name _____ Date

_____ New Home Address _____ City _____ State _____ Zip

_____ Phone #