



REDONDO BEACH UNIFIED SCHOOL DISTRICT
1401 Inglewood Avenue, Redondo Beach, Ca 90278
310.379.5449

**AUTHORIZATION TO EXCHANGE INFORMATION
WITH REDONDO BEACH UNIFIED SCHOOL DISTRICT**

Name of Student	Birth Date	Telephone
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Street Address	City	State	Zip Code
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I authorize Redondo Beach Unified School District and

Name of Physician, Psychologist, Hospital, School and or other Agency or Individual

Street Address	City	State	Zip Code
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To exchange medical, health, psychological, audiological, social, and educational information regarding the student named above with school staff.

I understand that this information will be used in planning and implementing an education program. I understand that access will be granted only as permitted by federal and state laws and regulations.

Signature of Parent/Legal Guardian or Eligible Student*	Date
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Street Address	City	State	Zip Code
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(Enter if Address and telephone are different from above)

*Student is eligible if he/she is 18 years old or older, or if he/she is enrolled in a post-secondary educational institution.