

**CONSENT FOR RELEASE OF INFORMATION AND**  
**AUTHORIZATION FOR RELEASE OF RECORDS**

I, the undersigned, do hereby authorize:

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to release records and/or share information concerning myself, my son, my daughter,

\_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
(name)

to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

for the purpose of: \_\_\_\_\_

The material being released should consist of the following:

Academic Records

Psychological Records

Due Process Waiver

Speech/Hearing/Language Records

IEP

Medical/Health Records

Vision Records

Psychiatric Records

Pertinent Information

Communication with Authorized Entity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to above named person, if other than self

\_\_\_\_\_  
Date