

## AUTHORIZATION FOR THE RELEASE OF RECORDS

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby authorized to release all records including health, standardized, achievement and intelligence test results, psychological records, family background information, academic and any other evaluative materials on the following student (s):

<u>STUDENT</u>	<u>GRADE</u>	<u>IEP/GIEP</u> (If yes, please be sure to include most recent IEP/GIEP and psychological evaluation.)	
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO
_____	_____	YES	NO

**\*\* If you are a Pennsylvania school, please also provide the students' PA SecureID Number.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code