

Suwannee County School District

Parent Permission for Release of Information for Request for Review of Student Information

Date: _____

I, _____
hereby authorize: (include name of person to contact)

To release the following portion of the records regarding my child

Legal Name	Birth Date	School
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Which includes:

1. All psychologicals
2. Educational Data
3. Including tests of intellectual process and academic abilities, present levels of subject area performance, projectives, adaptive and behavior scales, social/medical history and individual educational plans.
4. Other _____

To _____

THESE RECORDS MAY NOT BE
RELEASED TO ANOTHER PARTY
AND/OR AGENCY WITHOUT PRIOR
APPROVAL OF THE
PARENT/GUARDIAN AND/OR
ELIGIBLE STUDENT. ANY RELEASE
OF MEDICAL DATA IS SUBJECT TO
HIPPA REQUIREMENTS.

Authorized Signature/Date

Relationship

Address

City/State

Zip Code

Home Telephone (If no telephone, please give a number where you can be contacted.)