



AUTHORIZATION FOR EXCHANGE OF INFORMATION

*Expanding Horizons...
 Individualizing Excellence*

Student _____ DOB _____
 Address _____ School _____
 _____ Grade _____

I (we) the undersigned, parents(s)/legal guardian(s) of above student hereby authorize:

 (School/Agency/Individual and Address)

To release copies of records to and communicate with:

 (School/Agency/Individual and Address)

to assist in educational planning. The specific items are:

<input type="checkbox"/> School reports, academic and discipline records, transcripts, standardized test scores, instructional support intervention and attendance records.	<input type="checkbox"/> Complete Special Education Records: Comprehensive Evaluation Reports (MDE/CER), Specialists Reports, IEP, NORA
<input type="checkbox"/> Psychologist, Psychiatric and social worker reports	<input type="checkbox"/> Medical records, Health Reports

This consent will begin the date of this authorization and will expire one year later, on _____ unless revoked by me in the interim. I (we), the undersigned, hereby acknowledge that I (we) have read this authorization prior to its execution and fully understand the nature of this release. All information released will be handled confidentially and in compliance with federal and state regulations.

 Date

 Parent Signature

 Parent Signature