

AUTHORIZATION FOR RELEASE OF INFORMATION
Grant County Special Education Cooperative
426 East South A Street
Gas City, IN 46933

Student:		Parent/Guardian:	
DOB:		Address:	
Gender:		City, State, Zip:	
Grade:		Home Phone:	
School:		Work Phone:	

As legal parent or guardian of the above named student, I authorize:

Justin Simos Eastbrook Community Schools Director of Special Services 560 South 900 East Marion, IN 46953 Lisa Graham, Director/GCSEC 426 E. S. "A" St. Gas City, IN 46933 667-4456-phone 667-4458-fax	<u>TO RELEASE</u> <u>INFORMATION TO:</u> <u>OR</u> <u>TO OBTAIN</u> <u>INFORMATION FROM:</u>	
		(Agency or Person)
		(Address)
		(City, State, Zip)

Information I authorize to be released: (Please check the boxes that are appropriate)

<input type="checkbox"/>	School Records	<input type="checkbox"/>	Teacher, Counselor, Or Staff Observations
<input type="checkbox"/>	IEP and Psycho-education Evaluation	<input type="checkbox"/>	Social Work Reports
<input type="checkbox"/>	Medical Records/Diagnosis Information Doctors Visit Notes/Plan of Care/Progress Notes Psychiatric Reports/Treatment Records	<input type="checkbox"/>	Chemical Abuse Dependency Reports

Purpose of Release:

- I have been informed that I have access to and may review any or all of my child's school records. I understand that if I so desire, I may challenge the content of the records provided by the Family Educational Rights and Privacy Act (FERPA) of 1974.
- This authorization begins the date that I sign it and is good for one calendar year. I understand that I have the right to revoke this authorization and any time. In order to revoke this authorization, I must do so in writing and present my written revocation to the above named authorized entity.
- I understand that the information disclosed may be shared with a multidisciplinary team
- This release does not condition eligibility for benefits

(Parent Signature)

(Date)