

# AUTHORIZATION FOR RELEASE OF INFORMATION

## Grant County Special Education Cooperative

|          |  |                   |  |
|----------|--|-------------------|--|
| 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<br>Eastbrook Community Schools<br>Director of Special Services<br>560 South 900 East<br>Marion, IN 46953 | <u>TO RELEASE</u><br><u>INFORMATION TO:</u><br><u>OR</u><br><u>TO OBTAIN</u><br><u>INFORMATION FROM:</u> |                    |
|   |  | (Agency or Person) |
|   |  | (Address)          |
|   |  | (City,State,Zip)   |

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

|  |   |  |  |
|--|---|--|--|
|  | School Records  |  | Teacher, Counselor,<br>Or Staff Observations |
|  | IEP and Psycho-education Evaluation   |  | Social Work Reports                          |
|  | Medical Records/Diagnosis Information<br>Doctors Visit Notes/Plan of Care/Progress Notes<br>Psychiatric Reports/Treatment Records |  | Chemical Abuse<br>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)