COOPERATIVE SCHOOL SERVICES

Auti	HORIZ	ATION FOR RELEASE O	F INFORM	<u>ATION</u>			
STUDENT			DATE OF	BIRTH	[
CURRENT GRADE						M	F
PARENT/LEGAL GUARDIAN					_		
ADDRESS				-			
	PE	ERMISSION IS GRANTE	ED FOR:				
School, Agency, Clinic or Profes	ssional:						
•							
Address:							
City:		State:			Zip:		
Phone:							
Address:		State:					
Phone:		Fax:					
THESE RECORDS ARE BEING RE EDUCATION PROGRAM. THE SPECIFIC INFORMATION TO			TO ASSIST	N DEVE	_OPING	AN APPR	OPRIATE
☐ Educational Assessments		Physical/Medical Evaluation		Educati	onal Rec	ords	
☐ Psychological Evaluation		Psychiatric Evaluation		Neurolo	gical Eva	aluation	
☐ Discharge Summary		Other					
I have been informed that I have accontent of the records provided by the						e, to chal	enge the
SIGNED:		DΔTF	· From·		To:		
Parent / Legal G	uardian	DATE	Not to	exceed o	o ne calen	dar vear.	