COOPERATIVE SCHOOL SERVICES

	<u>Auti</u>	HORIZA	ATION FOR RE	LEASE OF I	NFORM	<u>ATION</u>	
STUDENT		DATE OF BIRTH					
CURRENT GRADE S							
			PHONE ()				
		□PERMISSION IS NOT GRANTED FOR:					
Attention:	ncy, Clinic or Profes						
Address:							
Telephone:	()		Fax:	()			
Attention:	ncy, Clinic or Profes 1389 Saint Gaspar						
	Rensselaer						
	(219) 866-8540						
EDUCATION					ASSIST I	N DEVELOPIN	IG AN APPROPRIATE
☐ Educati	ional Assessments		Physical/Medica	l Evaluation		Educational F	Records
Psychological Evaluation Ps		Psychiatric Eval	uation		Neurological I	Evaluation	
☐ Discharge Summary [Other				
	nformed that I have acc records provided by th						esire, to challenge the
SIGNED:				DATE: Fr	om:	To:	
	Parent / Legal G		DATE: From: To: Not to exceed one calendar year.				