



# SCHOOL DISTRICT OF AMERY

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## Permission to obtain and release information

Date: \_\_\_\_\_

First and Last Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, the undersigned, hereby request and authorize the School District of Amery to release to and obtain information from the following

Agency/Person \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

- Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results).
- Medical and/or related health records.
- Psychological evaluations or social work reports.
- Multi-disciplinary team evaluations and related reports.
- Appropriate agency reports.
- Individualized education program.
- Others (specify) \_\_\_\_\_

Alcohol/Drug records \_\_\_\_\_  
*Signature of Parent or Guardian* *Date*

**This permission is valid for one year from the date signed. A copy of this form is as effective as the original.**

\_\_\_\_\_  
*Signature of Parent or Guardian* *Date*

Cc: Parent  
Teacher  
File