

SCHOOL DISTRICT of AMERY

Phone: 715/ _____

PERMISSION TO OBTAIN AND RELEASE INFORMATION

Date: _____

Name of Child: _____ Date fo Birth: _____

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PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

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 Legal 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 Legal Guardian

Date

Due Process Form #15
Rev 7/02