

**RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION**

Pertaining to \_\_\_\_\_  
Name of Student

\_\_\_\_\_ Date of Birth

I authorize \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To release/exchange confidential/cumulative information/reports checked below with:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/>	Psychological	Purpose of Request:          Release effective from date written below unless revoked in writing
<input type="checkbox"/>	Sociological	
<input type="checkbox"/>	Educational	
<input type="checkbox"/>	Medical	
<input type="checkbox"/>	Speech & Language	
<input type="checkbox"/>	Occupational/Physical Therapy	
<input type="checkbox"/>	Immunization Record	
<input type="checkbox"/>	Individualized Education Program	
<input type="checkbox"/>	Other: _____ _____ _____	

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Guardian/Surrogate

Students 18 years or older may authorize Release/Exchange of Information.