



*Type of information requested*

- |                                      |  |
|--------------------------------------|--|
| Permanent record data:               | <input type="checkbox"/> Basic identifying data, attendance data, and academic data  |
| General cumulative data:             | <input type="checkbox"/> General administrative data and results of group tests  |
| Health data:                         | <input type="checkbox"/> General medical data and reports  |
| Specialized student data:            | <input type="checkbox"/> Individualized evaluation records and specialized reports (including reports from outside agencies) |
| Special education placement records: | <input type="checkbox"/> All records of placement if special education   |
| Suspension and/or expulsion records: | <input type="checkbox"/> All records of suspension and/or expulsion  |

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*Assurance statement and signatures*

In making this request, the undersigned agrees that the information received will be used only by the professional school staff members who are assigned to work with the student in the educational program and will not be released to any other party without the prior written consent of the parent or eligible student.

\_\_\_\_\_

Date Requested

\_\_\_\_\_

Authorized Signature

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*Parental consent*

I, \_\_\_\_\_, as the parent of \_\_\_\_\_,  
(Parent Name) (Student's Name)  
consent to the release of records listed above to the party named above. I am aware of my rights to review the records and receive a copy at my expense, if I so request.

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Date