



Date: _____ Mailed Emailed

DATE Sent: _____ Sent by: _____

Authorization to Release Confidential Information (This document serves as a RECIPROCAL release of information.)

To: SPED DEPT---Deborah Hendrix
Person

CHEROKEE COUNTY SCHOOLS
Agency

RQ00Dqz'98;
Address

CANTON, GA 3038;
City State Zip

Email address: sped.records@cherokee.k12.ga.us

Ph# 770-721-2506 Fax# 770-721-6316

Re: _____
Student

_____ *Birth Date*

_____ *Former School*

_____ *Current School*

_____ *Grade*

E-MAIL ADDRESS

INFORMATION TO BE RELEASED:

- Psychological Report/Data
- Educational Evaluation
- Hearing/Vision Screening
(Results and Dates)
- Eligibility Report
- IEP
- Analyzed Work Samples
- Speech/Language Records
- Other, Specify: _____

- Classroom Observation
- Social History
- Anecdotal Records
- Medical Records
- Discipline Reports
- Psychiatric Eval/Summary
- Due Process Checklist
- SST/RTI Records

REASON FOR RELEASE:

- Educational Planning
- Medical Issues Related to Learning
- Proof of Disability
- Two-way communication

2LB, 'H%a^L~.,, C\$-LH(Cs>L} >s 7 3} >s, ~.~.By Y...

These records should be forwarded to:

Person: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

E-MAIL ADDRESS

Phone: _____

*** INCLUDE COPY OF ID OF PERSON REQUESTING RECORDS---SHOULD MATCH BELOW ***

I authorize the release of the above confidential information:

Signature _____
Parent, Guardian, Surrogate Parent, or Student (18 years or older)

Date: _____