



Release of Confidential Information and Records

Student Name: _____ Date of Request for Information/Records: _____

Birth Date: _____ Age: _____ School District: Oxford Community Schools

PROVIDER

We are requesting the specified information and records **from**:

Name: _____ School/Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

PURPOSE

The information and records are requested for the following purpose:

Educational programming Other (Specify) _____

REQUEST

Initials _____ Requested Information and Records _____

Ongoing two-way written communication: _____

Ongoing two-way verbal communication: _____

Most recent progress reports and notes: _____

Current Individualized Education Program (IEP): _____

Most recent evaluation team and diagnostic findings: _____

RECIPIENT

We are requesting the indicated information and records be **sent to**:

Name: _____ School/Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

CONSENT

I hereby authorize the release of the initialed information to the recipient listed above. I understand that this authorization will expire one year from the date of my signature unless otherwise specified, and that this authorization may be withdrawn by me at any time without prejudice. Withdrawal of this authorization will not affect any information already released.

Signature of Consent: _____ Date: _____

Signed by: Student (Must be at least 18 years) Parent Legal Guardian

Signature of Witness: _____ Date: _____

RELEASE

The requested information and records were sent to the recipient listed above by:

Name: _____ Sending Date: _____