

RELEASE OF INFORMATION

Date _____

The information checked below in regard to _____

Name

DOB

Present school or last school attended in Arlington _____

I authorize communication between Arlington Public School staff and _____

Name of person/agency/organization

Address

Telephone

This communication may include exchange of records and discussion related to the student's educational performance as specified below and only as applicable to my child's specific transitional needs.

_____ All records relating to the identification, eligibility and/or placement of a student in a special education program and/or related services

_____ Medical records

_____ Educational evaluation(s)

_____ Psychological evaluation(s)

_____ Sociocultural report

_____ Speech/Language evaluation(s)

_____ Occupational therapy evaluation(s)

_____ Verbal communication

_____ Email*

Other (specify) _____

Signature

Date signed

Relationship to student

Optional expiration date

**AUTHORIZATION TO ARLINGTON PUBLIC SCHOOLS EXPIRES ONE YEAR
FROM THE DATE OF SIGNATURE UNLESS OTHERWISE SPECIFIED**

Note: All materials received become part of the student's Education Record which may be inspected by the parent, legal guardian, or legally authorized representative.

* "Please be advised that email is not a secure form of communication. There should be no expectation of right to privacy in anything sent via electronic mail."