Richmond County School System

Department of Student Services

864 Broad Street
Augusta, GA 30901
Phone: (706) 826-1000

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

RECORDS ARE BEING REQUESTED FROM:

NAME

AGENCY

STREET

CITY STATE ZIP

RECORDS ARE TO BE FORWARDED TO:

NAME

AGENCY

STREET

CITY STATE ZIP

You are hereby authorized to release confidential information on the following child:

NAME (as shown on cumulative records) Birthdate

TYPE OF MATERIAL TO BE RELEASED:

_____Education Evaluation
_____I.E.P /I.T.P.
_____Medical Records
_____Minutes of Placement Committee
_____Transition Plan
_____Eligibility Report(s)
_____Psychological Evaluation
_____Other _____

REASON FOR RELEASE:

____Educational Planning and/or Placement
____Maintenance of Student Records
____Medical Problems related to Learning
____ Proof of Disability
____ Other Transition Services

I am aware that there is information within my child's file which has been received from the following third party agencies:

I (_____do, _____do not) give consent to have this information forwarded to the designated agency above.

SIGNATURE OF PARENT OR GUARDIAN

RELATIONSHIP TO STUDENT

DATE

WITNESS (SCHOOL OFFICIAL)

POSITION

DATE

(PSY/CHG12)