

FOREST HILLS SPECIAL EDUCATION COOPERATIVE
8045 WEST STATE ROAD 46
ELLETTSVILLE, IN 47429
(812) 876-6325 Fax (812) 876-5424

AUTHORIZATION FOR RELEASE OF INFORMATION

STUDENT: _____ DOB: _____ M ___ F ___

PARENT'S NAME: _____ PHONE: _____
(or Guardian)

ADDRESS: _____
City Zip

I, _____ grant permission for:
Parent/Guardian

Name

School, Agency, Clinic, or Professional

Address

City State Zip

TO RELEASE/EXCHANGE INFORMATION REGARDING THE ABOVE NAMED STUDENT WITH FOREST HILLS SPECIAL EDUCATION COOPERATIVE.

NAME/TITLE OF STAFF PERSON MAKING REQUEST: _____

THE PURPOSE OF DISCLOSURE: _____

THE SPECIFIC INFORMATION TO BE RELEASED OR EXCHANGED:

I have been informed that I have access to and may review any or all of my child's school records and if I so desire, to challenge the content of the records as provide by the Family Educational Rights and Privacy Act (FERPA) of 1974.

SIGNED: _____ DATE: _____
Parent/Guardian