



**Professional Release of Information Form 2009-2010**

Name of Child : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship of undersigned to the above child: \_\_\_\_\_

I hereby give my permission to \_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Address)

to request from or release to \_\_\_\_\_  
(School District)

\_\_\_\_\_  
(Audiologist)

\_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Other)

the following records or documents regarding my child for the purposes of educational programming, placement or promotion.

- \_\_\_\_\_ Confidential File
- \_\_\_\_\_ Administrative Records
- \_\_\_\_\_ Educational Records
- \_\_\_\_\_ Audiological Reports
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Pictures and Video

A facsimile of this Professional Release shall be the same force as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

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