



Professional Release of Information Form 2011-2012

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)