



RELEASE OF SPECIAL EDUCATION RECORDS

STUDENT'S NAME : _____

DATE OF BIRTH: _____

I HEREBY ACKNOWLEDGE RECEIPT OF MY CHILD'S/MY SPECIAL EDUCATION RECORDS:

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE (18 AND OLDER)

DATE

IDENTIFICATION VERIFICATION (Attach copy of photo ID):

DRIVER'S LICENSE (NUMBER/STATE): _____

OTHER FORM OF ID: _____