



WE PROMOTE EXCELLENCE

CHESAPEAKE PUBLIC SCHOOLS

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Full Name	Date of Birth	Name of Chesapeake Public School	Grade

SEND INFORMATION TO:

School/Agency _____

ATTN: _____

Address _____

City _____ State ____ Zip _____

Telephone # _____ Fax # _____

RELEASE INFORMATION FROM:

School/Agency _____

ATTN: _____

Address _____

City _____ State ____ Zip _____

Telephone # _____ Fax # _____

I hereby authorize the following checked information contained in the record of the above named student to be released for the purpose of _____ :

- | | |
|---|---|
| <input type="checkbox"/> Activity Records | <input type="checkbox"/> OT/PT Reports |
| <input type="checkbox"/> Anecdotal Records | <input type="checkbox"/> Progress/Treatment Reports |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Psychiatric Reports |
| <input type="checkbox"/> Classroom Observation | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Current IEP/ITP | <input type="checkbox"/> Section 504 Plans |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Educational Reports | <input type="checkbox"/> Sociocultural Reports |
| <input type="checkbox"/> Eligibility Minutes | <input type="checkbox"/> Speech/Language Reports |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Vision/Hearing Reports |
| <input type="checkbox"/> Literacy Passport Test Results | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medical Reports | |

In order to coordinate educational plans for the above named student, I also authorize the receiving agency _____

_____ to release the following checked information to Chesapeake Public Schools:

- | | |
|---|--|
| <input type="checkbox"/> Anecdotal Records | <input type="checkbox"/> Psychiatric Reports |
| <input type="checkbox"/> Classroom Observation | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Current IEP/ITP | <input type="checkbox"/> Section 504 Plans |
| <input type="checkbox"/> Educational Reports | <input type="checkbox"/> Sociocultural Reports |
| <input type="checkbox"/> Eligibility Minutes | <input type="checkbox"/> Speech/Language Reports |
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> OT/PT Reports | |
| <input type="checkbox"/> Progress/Treatment Reports | |

I understand that copies of released records will be made available to me upon request.

Signature of Parent/Guardian or Student 18 years or older

Date

CS-1,192/R-06