



AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION

Student Full Name: _____ Birth Date: _____

I, as a parent or legal guardian of the above-named student, give my consent to NSSED and the agencies listed below to exchange information as needed for the benefit of my child:

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State/Zip: _____	State/Zip: _____	State/Zip: _____
Telephone: _____	Telephone: _____	Telephone: _____

The following information is requested to assist in educational planning and coordination of services:

- | | |
|----------------------------|---|
| † Email Correspondence | Educational/Records/Reports/Meeting Notes |
| † Observations | Most Recent Case Study Evaluation and IEP |
| † Meeting Invitations | Telephone Contacts(s) |
| † Medical/Hospital Records | Other (specify) |

Parent/Guardian/Student(if over 18 and is own guardian) Signature: _____

Date: _____

• THIS AUTHORIZATION IS VALID FOR ONE YEAR •

Note: Parents, guardians, students over eighteen years of age, or legal representatives will be granted access to all materials contained in the above-named student's NSSED file consistent with state and federal law. Any materials released to NSSED will be governed by this policy.