**SUMTER COUNTY SCHOOL SYSTEM**

Notice/Authorization to Release Information

I hereby authorize: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to release confidential records for:

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

To: Sumter County Schools

Attn: Ms. Jacqueline King, Director of Special Education

100 Learning Lane

Americus, GA 31719

Ph: 229-931-8519 Fax: 229-931-8608

**These two agencies may share records and information, both oral and written, for purposes of educational planning.**

It is understood that the party to whom this information is released will not release it to a third party without appropriate consent.

(\*Authorization to obtain medical records may be revoked in writing to the above named person. Otherwise this authorization shall remain in effect until the student exits Sumter County Schools.)

Records to be released: Reasons for release:

\_\_\_\_ Consent Forms \_\_\_\_ Educational planning purposes

\_\_\_\_ Psychological Assessment \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Special Education Placement/Minutes

\_\_\_\_ IFSP/IEP/ Annual Review

\_\_\_\_ Medical Records \*

\_\_\_\_ Eligibility Report

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and agree to the above statement.

Signature of Parent/Guardian/ Surrogate

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to notify you, the parent, that I have released the above student’s records to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Agency/School System)

Signature of Agency/School Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_