

SPECIAL NEEDS RELEASE OF INFORMATION FORM

I, (print name) _____, authorize

(program name) _____

to release the following confidential information:

Screening results from:

Name of screening instrument(s) **given on**

Test results from:

Name of assessment instrument **given on**

Other (specify) **given on**

To:
Name of Individual/Agency

Address of Individual/Agency

The release of information is valid from the date of signature through June 30, 2018 unless otherwise revoked in writing by the student/parent or guardian

Signature of Student/Parent or Guardian*

Date