

RELEASE OF INFORMATION FORM

School or Agency: _____

Address: _____

City, State and Zip Code: _____

Contact Person (if any): _____

STUDENT'S NAME: _____

Date of Birth: _____ Social Security Number: _____

Please release all records listed in the categories below pertaining to the above named student.

- Levels of achievement, grades, achievement scores
- Aptitude and/or interest inventories
- Intelligence and psychological reports
- Immunization, developmental and health data
- Family background information
- Medical reports and observations
- Reports of serious or recurrent behavior patterns
- Support Services (Title I, Special Education Resource Room, Speech/Language, Occupational Therapy)
- Other _____

Purpose of release of information request:

_____ Transfer to new school

_____ Other _____

Release the above information to:

Shirelle Bandy, Counselor
Limon Public Schools
P.O. Box 249
Limon, CO 80828

or Fax #719-775-9052

I hereby request that information regarding my child be released to the agency indicated immediately above.

Signed _____ Date: _____
Parent/legal guardian or eligible student