

**PERMISSION TO OBTAIN, RELEASE and EXCHANGE INFORMATION**

Date:

In order for Oregon School District to obtain, release, or exchange information regarding your child, please complete the areas indicated, sign, and return in the stamped envelope that is provided. Keep a copy for your files. If you have questions, please contact me at the number indicated.

Name/Title of School District Contact Person:

Telephone Number:

I, the undersigned, hereby request and authorize Oregon School District to release to, exchange with, or obtain the information which I have indicated below from:

Name:

Clinic/School/Other:

Address:

Telephone:

Name of Student:

Date of Birth:

**Information Requested:**

- Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results).
- Medical and /or related health records (including occupational therapy prescription)
- Psychological evaluations or social work reports
- IEP Team evaluations and related reports
- Appropriate agency reports
- Other(s)

This permission is valid for one (1) year from the date signed. A copy of this form is as effective as the original.

\_\_\_\_\_  
Parent Legal/Guardian Signature

\_\_\_\_\_  
Date