

Gibraltar School District
Parental Authorization for Release of Information

School District abides by the limitations and regulations of the
Family Educational Rights and Privacy Act (FERPA.)
To obtain a copy of this document, please call your school office.

Child's Full Name _____
Date of Birth _____
School Currently Attending _____

Information requested: (*Note – Information to be released must be checked prior to obtaining consent.*)

- | | |
|--|---|
| <input type="checkbox"/> Psychological evaluation | <input type="checkbox"/> Demographic/social history |
| <input type="checkbox"/> Speech-Language evaluation | <input type="checkbox"/> Medical and developmental histories |
| <input type="checkbox"/> Vision evaluation results | <input type="checkbox"/> Medical diagnoses |
| <input type="checkbox"/> Hearing/audiological exam results | <input type="checkbox"/> Discharge summary |
| <input type="checkbox"/> Occupational therapy evaluation | <input type="checkbox"/> Individualized Education Program |
| <input type="checkbox"/> Physical therapy evaluation | <input type="checkbox"/> Individualized Family Service Plan |
| <input type="checkbox"/> Special ed. evaluation report | <input type="checkbox"/> Special education eligibility report |
| <input type="checkbox"/> Permission for special ed. evaluation | <input type="checkbox"/> Permission for special ed. services |
| <input type="checkbox"/> Verbal communication _____ | |
| <input type="checkbox"/> Other _____ | |

By my signature, I give consent for the information specified above to be released to School District from _____
Name of district, agency, person, etc.

Address: _____
Phone: _____

I understand that I may revoke this consent at any time and that my consent will automatically expire one year from the date that I sign this form. I understand that this information will only be disclosed to School District personnel who have a reason to access it for the purposes of record keeping and/or for determining this child's educational needs.

Signature of Parent / Guardian / Child (if age of majority) _____ *Date* _____

Printed Name of Parent / Guardian / Child (if age of majority)