

**RELEASE OF INFORMATION**

Date \_\_\_\_\_

The information checked below in regard to \_\_\_\_\_

Name

DOB

Present school or last school attended in Arlington \_\_\_\_\_

I authorize communication between Arlington Public School staff and \_\_\_\_\_

Name of person/agency/organization

Address

Telephone

This communication may include exchange of records and discussion related to the student's educational performance as specified below:

\_\_\_\_\_ All records relating to the identification, eligibility and/or placement of a student in a special education program and/or related services

\_\_\_\_\_ Medical records

\_\_\_\_\_ Educational evaluation(s)

\_\_\_\_\_ Psychological evaluation(s)

\_\_\_\_\_ Sociocultural report

\_\_\_\_\_ Speech/Language evaluation(s)

\_\_\_\_\_ Occupational therapy evaluation(s)

\_\_\_\_\_ Verbal communication

\_\_\_\_\_ Email\*

Other (specify) \_\_\_\_\_

Signature

Date signed

Relationship to student

Optional expiration date

**AUTHORIZATION TO ARLINGTON PUBLIC SCHOOLS EXPIRES ONE YEAR  
FROM THE DATE OF SIGNATURE UNLESS OTHERWISE SPECIFIED**

*Note: All materials received become part of the student's Education Record which may be inspected by the parent, legal guardian, or legally authorized representative.*

\* "Please be advised that email is not a secure form of communication. There should be no expectation of right to privacy in anything sent via electronic mail."