



Exceptional Education

TO: DeKalb County School District Special Education Records Office

Date: _____

In accordance with the provisions of the **Family Educational Records Privacy Act (FERPA)**, I hereby authorize you to release my child's educational records maintained by you to the person/agency listed below.

Student's Name: _____

Birthdate: _____ Grade: _____

Last School Attended: _____

Parent/Guardian: _____

Phone Number: _____

Release Special Education Records to:

Name/Agency: _____ Phone Number: _____

Address: _____

Fax: _____ Email: _____

Notice to Person/Agency receiving records: under the provisions of FERPA, you are prohibited from allowing any other person access to any information from the student's record unless you obtain prior, written consent from the student's parent.

Records to be released:

- Referral Documentation (e.g., Student Support Team (SST) documentation, vision/hearing screening results, etc.)
- Consent to Evaluate
- Evaluation Report(s) (e.g., psychological, speech/language, developmental, functional behavior assessment, etc.)
- Eligibility Report/Supporting Documentation (e.g., classroom observations, analyzed work samples, etc.)
- Consent for Initiation of Services
- Individualized Education Program (IEP) (current IEP/amendment provided unless otherwise specified)
- Progress Report(s)
- Other: _____
- Other: _____
- Other: _____

By my signature below, I give consent for the information specified above to be released in accordance with the provisions of FERPA. I understand that the granting of consent is voluntary on my part and I can revoke this consent at any time. This authorization will automatically expire one year from the date that I sign this form.

Signature: _____ **Date:** _____
Parent/Guardian/Surrogate/Student (if 18 years old)