



EAST HAMPTON PUBLIC SCHOOLS

94 Main Street, East Hampton, CT 06424

Phone: 860-365-4009

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Student's Name: _____ Date of Birth: _____

I hereby authorize _____ to communicate and exchange information
(school name/department/school personnel)

of the student named above for the purpose of _____
(ex. educational planning, collaboration, etc.)

with _____
(outside person/agency) (address/phone number)

_____ (outside person/agency) (address/phone number)

This request and authorization applies to:

- Official Cumulative Records
- Special Education Records and Reports
- Individualized Education Programs (IEP)
- Home school correspondence
- Educational/Achievement Evaluations and Reports
- Psychological Evaluations and Reports
- Speech/Hearing/Language Evaluations and Reports
- Occupational Therapy Evaluations and Reports
- Medical Reports
- Psychiatric Evaluations
- Counselor/Therapist Evaluations and Reports
- Evaluations from outside agencies, doctors, school
- Other: _____

<input type="checkbox"/> Verbal Communication
<input type="checkbox"/> Written Documents

_____ Date _____
(Signature of parent/guardian or pupil of 18 years of age or older)

THIS AUTHORIZATION EXPIRES ____/____/____ (specific end date or one year from date of signing.)