

Baldwin County Board of Education
Programs for Exceptional Children
110 North ABC Street
Milledgeville, GA. 31061
Phone: 478.457.2910 Fax: 478.457.2921
www.baldwin-county-schools.com/specialed

DATE: _____

Authorization to Release Confidential Information

TO: (School System/Agency Releasing Records)

You are hereby authorized to release confidential information on the following student:

Last First Middle

Date of Birth: _____ Social Security # _____

Former School: _____

Present School: _____ Grade _____

THESE RECORDS MAY BE RELEASED TO:

TYPES OF MATERIALS TO BE RELEASED:

(check all that apply)

- Psychological Data
- Educational Evaluation
- Hearing/Vision Screening Results and Date
- Eligibility Report(s)
- Minutes of Educational Planning/Placement Conference
- Individual Education Plan
- Social History
- Medical Records
- 504 Plan
- Other _____

REASON(S) FOR RELEASE:

(check all that apply)

- Educational Planning
 - Medical Problems Related to Learning
 - Maintenance of Student records
 - Other _____
- _____

I understand that the granting of consent is strictly voluntary on my part:

Parent/Guardian Signature: _____ Relationship: _____

Date: _____

- ❖ Please assist in the provision of appropriate services for this student by handling this request as quickly as possible.
- ❖ It is understood that the party to whom this information is released will not release it to a third party.