



AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby give permission for Assumption High School to release and/ or receive information checked below from the appropriate service providers for

_____.

(student's name)

_____ Academic records

_____ Counseling records

_____ School disciplinary records

_____ Testing results

_____ Educational testing

_____ Psychoeducational testing

_____ Psychological testing

_____ Education plans

_____ IEP

_____ 504 Plan

_____ Other

This information will be released in consultation with the following person/school/agency:

Name _____

Address _____

Phone # _____

This authorization must be signed and dated for validity and may be revoked at anytime except to the extent that action has already occurred prior to the revocation. I release the disclosing party from any liability that may be incurred by giving this information to the above named person or agency.

PLEASE SIGN BELOW:

***Signature of parent / guardian _____

***Date _____

This release expires on _____

This release form may be returned to Sheila Palmer / Angela Lange via confidential fax at 454-8409 or by mail to: Sheila Palmer or Angela Lange, Assumption High School, 2170 Tyler Lane, Louisville, KY 40205.