

**Dearborn Public Schools
Special Education Department**

RELEASE OF RECORDS/AUTHORIZATION FOR DISCLOSURE OF INFORMATION

THIS FORM MAY BE USED TO EITHER RECEIVE RECORDS FROM ANOTHER SCHOOL DISTRICT/AGENCY, OR TO
AUTHORIZE DEARBORN SCHOOL TO RELEASE RECORDS TO ANOTHER SCHOOL DISTRICT/AGENCY.

WHEN REQUESTING RECORDS, COMPLETE PART A.

WHEN SENDING RECORDS TO ANOTHER SCHOOL DISTRICT/AGENCY, COMPLETE PART B.

STUDENT INFORMATION:

Name: _____ Birthdate: _____ Student ID: _____

Address: _____ Phone: _____

School: _____ Grade: _____

Part A: RELEASE TO DEARBORN SCHOOLS:

PLEASE RELEASE THE INFORMATION CHECKED BELOW. THEY WILL BE USED TO DEVELOP AN EDUCATIONAL PLAN/PROGRAM FOR THE STUDENT NAMED ABOVE.

- | | |
|---|--|
| <input type="checkbox"/> Directory Information | <input type="checkbox"/> Teacher/Counselor Reports |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Social Work Reports | |
| <input type="checkbox"/> IEPC and MET Reports | |

DEARBORN PUBLIC SCHOOLS IS GRANTED MY AUTHORIZATION TO RECEIVE RECORDS

FROM: _____
(School/Agency Name)

LOCATED AT: _____
(Address, City State, Zip)

AUTHORIZED SIGNATURE: _____ DATE: _____

THESE RECORDS ARE TO BE SENT TO:

SPECIAL EDUCATION DEPARTMENT
DEARBORN PUBLIC SCHOOLS
18700 AUDETTE
DEARBORN, MI 48124

RECORDS REQUESTED BY:

PART B: RELEASE FROM DEARBORN SCHOOLS:

PLEASE RELEASE THE INFORMATION CHECKED BELOW TO THE SCHOOL/AGENCY INDICATED.

- | | |
|---|--|
| <input type="checkbox"/> Directory Information | <input type="checkbox"/> Teacher/Counselor Reports |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Social Work Reports | |
| <input type="checkbox"/> IEPC and MET Reports | |

TO: _____
(School/Agency Name)

LOCATED AT: _____
(Address, City State, Zip)

AUTHORIZED SIGNATURE: _____ DATE: _____