Request to Release or Secure Confidential Information
(Not required for Release to another Administrative Unit)

Records to be Released or Secured:

- [ ] Audiometric
- [ ] Medical (Health)
- [ ] Psychiatric
- [ ] Educational
- [ ] Occupational Therapy
- [ ] Psychological
- [ ] Speech/Language
- [ ] Physical Therapy
- [ ] Social Work
- [ ] IEP
- [ ] Other (Specify)

From
Agency
Address
City, State, Zip

To

All information released or secured will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent, except as provided by law.

PARENTAL CONSENT
(Please return this form in the enclosed self-addressed, stamped envelope.)

I hereby authorize the transfer of information as stipulated above  Yes [ ]  No [ ]

Signature of Parent(s)  Date

Signature of Parent(s)  Date

Nov - 2004