

BRANTLEY COUNTY SCHOOL SYSTEM

272 School Circle

Nahunta, Georgia 31553

NOTICE / AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize: _____

to release confidential records for:

Student's Full Name: _____

DOB: _____ School: _____ Grade: _____

TO: _____

It is understood that the party to whom this information is released will not release it to a third party without appropriate consent.

RECORDS TO BE RELEASED

REASON(S) FOR RELEASE

_____ Consent Forms

_____ Educational Planning Purposes

_____ Psychological Assessments

_____ Other: _____

_____ Special Education Placement/Minutes

_____ IFSP/IEP Review

_____ Medical Records

_____ Eligibility Report

_____ Other: _____

I understand and agree to the above statement.

Signature of Parent/Guardian/Surrogate Parent

Date

This is to notify you, the parent, that I have released the above student's records to:

(School System)

Signature of School System Representative

Date