

Candler County Board of Education
Program for Exceptional Children

Notice / Authorization to Release Information

I hereby authorize: Candler County Board of Education
210 S. College St.
Metter, GA 30439

to release confidential records for: _____.

Birthdate: _____ 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:

- Consent Forms
- Psychological Assessment
- Special Education Placement/Minutes
- IFSP/IEP/Annual Review
- Medical Records
- Eligibility Report
- Other: _____

REASON(S) FOR RELEASE:

- Educational Planning Purposes
- Other: _____

I understand and agree to the above statement.

Signature of Parent/Guardian/Surrogate Parent

Date