Release Information
Request Information

DeSoto Special Education Services 200 E. Belt Line Road DeSoto, Texas 75115

Date Sent:	

PHONE: (972) 223-6666 / FAX: (972) 274-8190

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Student's Name	I.D.#		
Campus	Grade	Birthdate	
REQUESTER (DISTRICT STAFF):			
Name	Address		
Position			
Telephone#	Fax#		
REQUESTING FROM PERSON/SCHOOL/AGENCY:			
Name	Address		
Position			
Telephone#	Fax#		
We are asking that you authorize the person/agency named above t regarding the above-named student. Authorization includes verbal of		containing confidential information	
Type of information requested:	This information is needed	l for:	
☐ Medical data and reports including psychiatric data	☐ Immediate special education	on placement	
☐ Health History	☐ Verification of student's di	 Verification of student's disability condition(s) 	
☐ Audiologist or Otologist reports	☐ General planning of the stu	☐ General planning of the student's educational program	
☐ Ophthalmologist or Optometrist reports	☐ Assistance in understanding complex behaviors and needs		
☐ Social and developmental history	Vocational/transitional pla		
☐ Full and Individual Evaluation including Disability Report	□ Other:		
 □ General Education records (including state assessment information) 			
☐ Individualized Educational Plans/ARD document(s)			
☐ Occupational or Physical Therapy records			
☐ Speech and Language reports			
☐ Information pertaining to vocational programs			
□ Other:			
Please check (V) the appropriate boxes below.			
\Box YES NO * I have been informed in my native language or other mode	e of communication.		
* I have been fully informed and understand the school's request for my consent, as described above.			
YES NO This information will be released/requested upon receipt of	^c my written consent.		
YES NO * I understand that my consent is voluntary and may be revo	oked anytime.		
YES NO * I understand that I will be notified in writing of each release	e of educationally related information 1		
*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT OR ADULT STUDENT		*DATE	
*SIGNATURE OF PARENT, GUARDIAN, SINTERPRETER, IF USED		*DATE	
Please return this form to:	at:	as soon as possible.	
SCHOOL STAFF PERSON		HOOL	

¹ Required only when a school district does not include in its policy a notice that education records are forwarded to other agencies or institution that have requested the records and in which the student seeks or intends to enroll.

^{*}Denotes required items