

## AUTHORIZATION FOR RELEASE OF STRICTLY CONFIDENTIAL INFORMATION TO LOCAL STAFF OR VOLUNTEERS

**I give my permission to release information contained in the document(s) indicated below:**

Please date, initial and check [v] the appropriate items below.

Date	Initials	v	Item
			Payne Learning Needs Inventory
			Learning Needs Screening
			Copeland Symptom Checklist for Adult ADD
			Other:
			School records from:
			Other records from:

**I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:**

If the same information can be made available to several staff people, please list their names below. Then date, initial and check [ v ] the appropriate individuals. If different information is going to various individuals, make separate forms.

Date	Initials	v	Staff Member	Date	Initials	v	Staff Member	
			All of the Staff Members listed above:					
			Other Individuals:					
			Volunteer Tutor:					

**This release is valid from the date of my signature until June 30, \_\_, or until it is revoked in writing, whichever occurs first. This release has been read out loud to me and I understand its contents.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if necessary): \_\_\_\_\_

Signature of staff person releasing the information: \_\_\_\_\_