

AUTHORIZATION FOR RELEASE OF INFORMATION TO EXTERNAL AGENCIES OR INDIVIDUALS

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
			Test of Adult Basic Education (TABE) scores
			Comprehensive Adult Student Assessment System (CASAS) scores
			TASC Readiness Assessment (TRA) scores
			Official Practice Test (OPT) scores
			Attendance records
			Other: .
			School records from:
			Other records from:

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

If the same information is going to several agencies, date, initial and check [v] the appropriate agencies below. If different information is going to several agencies, make a separate form for each agency.

Date	Initials	v	Item
			Division of Rehabilitation Services
			Department of Health and Human Resources
			Other Agency:
			Other Individual(s):

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: _____