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## AUTHORIZATION TO RELEASE SPECIAL EDUCATION RECORDS

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Graduation Year \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_

Cell Telephone No. \_\_\_\_\_

I am hereby requesting Frazier School District to release the original Special Education file for the above-referenced student to the undersigned and understand by accepting this file, Frazier School District will no longer retain any documents on behalf of the student. I verify that I have authority to obtain these records.

**\* Requestor is required to provide a copy of his/her driver's license. \***

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**(to be completed by Special Education Department)**

DATE REQUEST PROCESSED \_\_\_\_\_ BY: \_\_\_\_\_

Date and Time Requestor was notified request was completed: \_\_\_\_\_

**(to be completed at the time of pick up)**

I acknowledge receipt of the original Special Education documents for the above-referenced student.

Name \_\_\_\_\_

Date Records Received \_\_\_\_\_

Relationship to Student \_\_\_\_\_

*Original Form kept by Special Education Department*

*Copy Provided to Student*