

Westerly Public Schools
Special Education Office
23 Highland Avenue
Westerly, RI 02891

**Authorization for Release of Information
Special Education Records**

Date: _____

Regarding _____ DOB: _____
Student Name

I/We hereby authorize the Westerly School Department to: _____ release to and/or _____ obtain from

Name: _____ Address: _____

_____ Phone: _____
(Name of School, Medical Facility, Person, Agency, Organization)

Special Education Documentation

- | | |
|--|--|
| <input type="checkbox"/> All Special Education Records | <input type="checkbox"/> Evaluation Team Summary |
| <input type="checkbox"/> Eligibility Statement | <input type="checkbox"/> Meeting Minutes |
| <input type="checkbox"/> IEP | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Psychological Assessment | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Neuropsychological Assessment | <input type="checkbox"/> Speech Language Assessment |
| <input type="checkbox"/> Educational Assessment | <input type="checkbox"/> Occupational Therapy Assessment |
| <input type="checkbox"/> Clinical Psychological Assessment | <input type="checkbox"/> Physical Therapy Assessment |
| <input type="checkbox"/> Psychiatric Evaluation Assessment | <input type="checkbox"/> Adaptive PE Assessment |
| <input type="checkbox"/> Neurological Assessment | <input type="checkbox"/> Vision and Mobility Assessments |
| <input type="checkbox"/> Medical Assessment | <input type="checkbox"/> Observations |
| <input type="checkbox"/> Assistive Technology Assessment | <input type="checkbox"/> Functional Behavior Assessments |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Other |

This information is needed for the following purpose:

I/We understand information released/received by either party identified above cannot be released to any third party without my/our express written authorization. Further, I/We understand any of the records which involve alcohol, drug abuse, or HIV (AIDS) testing are processed under Federal Regulation 42 CFR, Confidentiality of Alcohol and Drug Abuse, and RI Public Law Ch. 88-405, Sec. 23.

This authorization shall be effective one year from date signed and can be withdrawn at any time.

Signed: _____
Parent or Legal Guardian Student if Age 18

Relationship Date