**Sumner County Educational Services Interlocal
2612 North A Street, Wellington, KS 67152
620-326-8935
AUTHORIZATION FOR RELEASE/SHARING OF INFORMATION**

TO(Service Provider/Agency and Address):

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RE-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Records to be Released:
 A. Any relevant information that would facilitate work with this student.
 B. All records checked below are to be released, if available.
 1. Education Information
 2. Psychological Evaluation/ Report
 3. Counselor Report/Evaluation
 4. Academic Status or Reports on Progress
 5. IEP
 6. OT, PT, SL Evaluations and/or Reports
 7. Self-Help Skills & Abilities Information
 8. Medical Information
 9. Psychiatric Evaluation/Report
 10. Teacher Reports/Evaluations
 11. Rehabilitation/ Training Information
 13. Family History
 14. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send information concerning above student to:

**SUMNER COUNTY EDUCATIONAL SERVICES INTERLOCAL, 619
2612 N. A Street, Wellington, KS 67152
OR FAX to 620.326.6496**

**NOTE TO PARENTS / LEGAL GUARDIANS:**     Parents, legal guardians, or students 18 years of age and older have prescribed legal rights of access, including the right to appeal, pertaining to education records of students as set forth by Section 438 of the Family Rights and Privacy Act. Complete information regarding such rights have been made available. Should you have further questions, you may contact the Director of Special Education or any other school administrator. **AUTHORIZATION:**     I have read and understand the above and do hereby request and authorize the release of these records. This authorization is valid for the duration the student is enrolled in a member district (USD 357, USD 358, USD 359, USD 360, & USD 509).

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| Parent/Guardian Signature: | Date: |