
AUTHORIZATION TO RELEASE INFORMATION

PLEASE PRINT

I, _____, as the parent / legal guardian of (child full name)
_____, hereby authorize the release of all educational records from
_____ to Misty Kluck, Special Education Advocate. All educational records

include but not limited to:

- Grades, progress reports, etc.
- Discipline records, including any notices sent home
- Evaluations and assessments, including standardized test scores and psychological assessments
- Special education records, including IEPs, BIPs and minutes from special education meetings
- All counseling records
- All attendance records
- Pin and password for the parent / student internet information system (if any)

This release allows Misty Kluck to speak with my child's teacher(s) and other school / agency personnel to help develop an educational plan for my child. It all permits Misty Kluck to represent me during phone and email discussions with school district personnel and to participate in school-based meetings, ARD meetings, 504 meetings, Resolution Sessions and Due Process Hearings.

This release may be revoked by me in writing at any time. This release shall expire one year from the date of signing. A photocopy of this release shall have the same force and effect as the original.

Parent / Legal Guardian Signature

Date

Misty Kluck, Special Education Advocate

Date