

DATE OF REPORT: \_\_\_\_\_

**AMARILLO INDEPENDENT SCHOOL DISTRICT  
SPECIAL EDUCATION DEPARTMENT**

Release records  
 Request records

**AMARILLO, TEXAS**

**Consent to Request/Release Confidential Information**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Records to be Released/Records Requested	
<input type="checkbox"/>	all special education records
<input type="checkbox"/>	medical/psychological records
<input type="checkbox"/>	other _____
	_____

**RELEASE:** We are asking that you authorize Amarillo Independent School District to release special education records (either verbally or in writing) containing confidential information regarding the above named student to the following agency:

\_\_\_\_\_  
PERSON TO WHOM RECORDS ARE RELEASED  
\_\_\_\_\_  
AGENCY OR SCHOOL DISTRICT NAME  
\_\_\_\_\_  
MAILING ADDRESS  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REQUEST:** In order to establish eligibility and/or to determine appropriate placement and services, Amarillo Independent School District is asking that you authorize us to request (either verbally or in writing) records specified containing confidential information regarding the above named student from the agency listed below:

\_\_\_\_\_  
PERSON & AGENCY TO WHOM REQUEST IS BEING MADE  
\_\_\_\_\_  
MAILING ADDRESS  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please mail records to: \_\_\_\_\_ at \_\_\_\_\_  
SCHOOL STAFF PERSON ADDRESS

YES NO  
  I have been fully informed and understand the school's request for my consent as described above. This information will be released/requested upon receipt of my written consent.  
  I voluntarily consent to this request/release, and understand that I will be notified in writing of each release of educationally related information.

**For more information, call:** \_\_\_\_\_ at \_\_\_\_\_  
SCHOOL STAFF PERSON PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN, SURROGATE, OR ADULT STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF INTERPRETER, IF USED

\_\_\_\_\_  
DATE