



# The Richardson School

A MyPath Company

## RELEASE OF INFORMATION

I, \_\_\_\_\_, parent or guardian of

\_\_\_\_\_, \_\_\_\_\_ give permission  
(student's name) (student's date of birth)

for: \_\_\_\_\_  
(name of school district/agency)

to release the following specific information regarding my child:

IEP, Reevaluation, Behavior Data, Incident Reports, Academic Records; Medical Assessments, and Therapy Reports  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(list information)

to: The Richardson School  
\_\_\_\_\_  
\_\_\_\_\_  
(agency/person)

for the purpose of : Observation, ongoing collaboration and communication for student enrollment at The Richardson School  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information will be kept confidential and used for professional purposes in the interest of the individual child. This release is valid from present date to \_\_\_\_\_ unless revoked earlier in writing.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness  
DF/mdf 1-2011

\_\_\_\_\_  
Date