



FALLS CHURCH CITY PUBLIC SCHOOLS
800 West Broad Street, Suite 203
Falls Church, VA 22046

Telephone (703) 248-5630
Fax (703) 248-5613

RELEASE OF INFORMATION

I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent or legal guardian, or of the student (if over 18 or attending postsecondary school)

I authorize _____
(Name of Releasing Person, Agency/Organization)

(Address) (Phone #)

to release to _____
(Name of Receiving Person, Agency/Organization)

(Address) (Phone #)

or vice versa

The following information in regard to _____
(Name) (Date of Birth)

The Information to be Released Must be Clearly Identified Please Check:

_____ All records relating to the identification, eligibility and/or placement of a student in a special education program and/or related services.

_____ Medical Records _____ Educational Evaluation(s)

_____ Psychological Evaluation(s) _____ Social History Evaluation(s)

_____ Speech/Language Evaluation(s) _____ Occupational Therapy Evaluation(s)

_____ Other (specify) _____

(Signature) (Date signed)

(Relationship to Student) (Optional Expiration Date)