

Educational Special Needs Services
Mailing Address: PO Box 17751 Tucson, AZ 85731-7751
Office Location: 225 S. Pantano Road Tucson, AZ 85710
(520) 272-4020

Release of Information

Student Name: _____ **Date of Birth:** _____

Parent/Guardian: _____

Address: _____ **City/State/Zip:** _____

Records & Information To Be Released:

- Permanent Record Data (basic identification data, attendance data, academic data)
- General Cumulative Data (general administrative data and results of group tests)
- Health and Medical Records
- Specialized Student Data (individualized evaluation records and specialized reports from outside agencies)
- Special Education Placement Records (all records of evaluation and/or placement, including psychologicals, academic assessments, developmental histories, psychiatric reports)
- Counseling & Discipline Summaries
- Confidential Mental Health Evaluation/Diagnosis/Treatment Information

Purpose of Request

- Need available information on previous school programs.
- Need evaluation information for immediate Special Needs Assessment.
- Need information to help prepare Special Needs Program for student.
- Allow ESNS personnel to communicate with non-custodial individuals, agencies or institutions.

Information To Be Released To/ From

Name: _____ School/Agency: _____

Address: _____ City/State/Zip: _____

Information To Be Released To/ From

Educational Special Needs Services; PO Box 17751; Tucson, AZ; 85731-7751
Phone (520) 272-4020

Authorization is hereby granted to release record(s) requested on this form to/from the parties indicated above.

➤ _____
SIGNATURE OF PARENT/GUARDIAN _____
DATE

➤ _____
SIGNATURE OF ESNS STAFF _____
DATE

Assurance Statement: In making this request, the undersigned agrees that the information received will be used only by professional ESNS staff. Written consent of a parent/guardian/eligible student and a specific request is REQUIRED for the release of records from Educational Special Needs Services.