

Enhancing Education

Mailing Address: PO Box 31852 Tucson, AZ 85751-1852
Office Location: 225 S. Pantano Road Tucson, AZ 85710
520-272-4020

Release of Information (Revised 1-2023)

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

Parent/Guardian: _____

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

Records & Information To Be Released (Initial)

- _____ 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 psychological evaluations academic assessments, developmental histories, psychiatric reports)
- _____ Counseling & Discipline Summaries
- _____ Confidential Mental Health Evaluation/Diagnosis/Treatment Information

Purpose of Request (Initial)

- _____ 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 Enhancing Education 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

**Enhancing Education; 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 ENHANCING EDUCATION STAFF

DATE