

PARENTAL CONSENT FOR RELEASE OF INFORMATION

Student Name _____ Date of Birth _____
has recently enrolled at our school. Please forward all of his/her Cumulative Records including discipline records, Section 504 Plans, grades, test scores and any other information available as soon as possible to the address below:

Please make a copy of this release and forward all Special Education and related documents including Individual Education Plans, any diagnostic reports, psychological reports, medical records or any other information and special education information available to the address below:

Hobbs Municipal Schools
Central Office
P.O. Box 1030
Hobbs, NM 88241

Attention: JoAnn Bush

Has the above named student received either in or out patient services for behavior or psychological problems? NO _____ YES _____

If yes is checked, please provide us with the name and address of the provider.

I give permission and consent for: _____

to release all records, including assessments, progress notes, medical/psychological records and/or other pertinent records. In making this request, the undersigned agrees that the information received shall be used only by the professional school staff assigned to work with the student in their educational program.

Parent / Guardian Signature

Date

Authorized Personnel

School