## **Hopkins County Schools**

Amy Smith, Superintendent Tonia Griffey, Director of Special Education

320 South Seminary Street MADISONVILLE, KY 42431

TELEPHONE: (270) 825-6000 FAX: (270) 825-6118

## **Consent for Release of Information**

Student's Full Name	Date of Birth
Parent or Guardian's Name:	
	se Print
Parent/Guardian Signature:	Date:
(Legal Representative (parent, guardia	ve) an, or surrogate) of the student named above, or that I am the student named en my information is used or disclosed pursuant to this authorization, it may
This request is effective for one year from the time of sig	nature and date.
	cords are exchanged between school districts as requested by authorized and Privacy Act, Finn Rule on Educational Records, June 17, 1976,
Information is requested from:	
Name:	Title:
	Fax Number
Type of information being requested:  □ Referral Form □ Eligibility Report □ Permission for Specially Designed Instruction □ Current Psychoeducational Report □ Medical information related to: □ Other:	□Current IEP □ Other Educ.
Information is to be <u>sent to</u> :  Name:	
Address:	
Phone Number:	Fax Number:
For School Use Only	☐ Records were received on: / /
Signed:	Title:
operates, and is required by Title IX, of the educational a	minate on the basis of sex in the educational programs or activities that it mendments of 1972 (P.L. 92-318), not to discriminate in such a manner. In the basis of handicap, in treatment, admission or access to, or employment

its programs or activities as required by the Rehabilitation Act of 1973 (P.L. 93-112), as amended, Section 504, nor does the Board of Education discriminate on the basis of race, color, national origin as required by Title VI, of the Civil Rights Act of 1964, nor does the Board of Education discriminate on the basis of sex, age, religion, or marital status, in the educational programs or activities it operates.