

**BALDWIN COUNTY BOARD OF EDUCATION
DIVISION OF INSTRUCTIONAL SERVICES
STUDENT INTERVENTION**

**1091 B Avenue
Loxley, AL 36551
(251) 972-6857**

Date: / /

Student Name:

DOB: / /

School:

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the legal parent/legal guardian of the above referenced student, hereby authorize the designated agent (below) to communicate with, receive records from and release any and all pertinent information to the Baldwin County Board of Education, Division of Instructional Services—Student Intervention, 1091 B Avenue, Loxley, AL 36551.

Copies of psychological evaluations, medical records and other pertinent information will be used by professional personnel and maintained in confidential files. Please include information concerning medical/psychological diagnosis, prognosis and any recommendations pertaining to the student's educational needs.

Designated Agent Address

Correspondence should be sent to:

Division of Instructional Services
Student Intervention
1091 B Avenue
Loxley, AL 36551

For the following use:

- IEP/PEP Development
- Evaluation purposes
- Intervention Services
- Other (specify)

Parent/Guardian Signature

Date: _____