**BALDWIN COUNTY BOARD OF EDUCATION**

**Department of Special Services**

**1091 “B” Avenue**

**Loxley, AL 36551**

**(251) 972-6860**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZATION FOR ACCESS AND RELEASE OF INFORMATION**

As parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby authorize the Alabama Department of Vocational Rehabilitation

Services or any authorized agent or representative thereof to attend and participate in IEP meetings or other meetings with school personnel and/or school representatives concerning my child, to transmit or receive copies of all evaluation data and other psychological, medical, educational, and/or vocational records concerning my child, and to have direct contact with my child, the Baldwin County School System and its’ representatives concerning his or her educational program, transitional services, career options and plans, and all matters related thereto.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student (if 19 years of age)

Original – VR Counselor

Copy - Student’s Confidential Folder

Copy – Parents