



# Baldwin County Public School System

Department of Prevention and Support Services

1091 B Avenue

Loxley, AL 36551

(251) 972-8550

Student's Name: \_\_\_\_\_

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

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

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the parent/legal guardian of the above reference student, hereby authorize the designated agent (so noted below) to communicate with, receive records from, and release any and all pertinent information to the Baldwin County Public School System, Department of Prevention and Support Services, 1091 B Avenue, Loxley, Alabama 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 and any recommendations pertaining to the student's educational needs.

**Designated Agent Address**

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

**Correspondence should be sent to:**

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

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**