

**Dexter Consolidated Schools
Department of Special Education**

Release of Confidential Information

As parent, legal guardian, or student (if 18 years or older), I authorize you to release information on:

(Full Name of Student)

(Date of Birth)

Forward Records To:

(Agency Representative)

(Agency)

(Address)

(City, State, Zip)

() ()

(Phone) (Fax)

→ Agency Releasing Records:

<p>Dexter Consolidated Schools Department of Special Education Attention: Sandy Medrano P.O. Box 159 Dexter, NM 88230</p> <p>(575) 734-5420 phone (575) 734-6813 fax</p>
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Records Requested:

- Individual Education Plan
- Educational Diagnostic Assessment
- Psychological Data
- Eligibility Reports
- Speech/Language Reports
- Occupational Therapy Reports
- Physical Therapy Reports
- Audiological/Otological Reports
- Medical Records/ Statements
- School Health Reports
- Grades and Attendance
- Other _____

I understand that the granting of this consent is voluntary.

Signature of Parent/Guardian/Student (if 18 years or older)

Date

Signature of Interpreter (if needed)

Sending Agency: We do not have third party information.
 We have third party information, which should be requested from:

Any person or agency receiving this information should do so in accordance with the Family Educational Rights and Privacy Act.