

EXCEPTIONAL CHILDREN'S CO-OP RELEASE OF INFORMATION

STUDENT: _____ DATE OF BIRTH: _____
CURRENT GRADE: _____ SEX: MALE FEMALE
CURRENT SCHOOL: _____
PARENT NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ ZIP: _____

PERMISSION IS GRANTED FOR:

TO RELEASE/EXCHANGE INFORMATION REGARDING THE ABOVE NAMED STUDENT WITH:

EXCEPTIONAL CHILDREN'S CO-OP (Serving Dubois, Spencer, Perry, & Pike Counties)

The purpose of this disclosure is for the EXCEPTIONAL CHILDREN'S CO-OP to:

SEND: CC/IEP EVALUATIONS OTHER
REQUEST: CC/IEP EVALUATIONS MEDICAL RECORDS OTHER

EXCHANGE of verbal and written information for planning & coordinating services

For Records Requests, please send information to:

For Dubois & Pike Counties:

EXCEPTIONAL CHILDREN'S CO-OP
1520 Saint Charles Street, Suite 2
Jasper, IN 47546
Phone – 812-482-6661
Fax – 812-482-9381

For Spencer & Perry Counties:

EXCEPTIONAL CHILDREN'S CO-OP
319 S Fifth Street, Rm 15
Rockport, IN 47635
Phone – 812-649-9991
Fax – 812-649-9997

Other:

I have been informed that the Family Education Rights and Privacy Act (FERPA) of 1974 requires that I have access to and may review any or all of my child's school records and I may challenge the content of the records.

This release expires one year from the date of my signature, unless I revoke my consent in writing to the

Exceptional Children's Co-op.

SIGN: _____
Parent/Legal Guardian/Student(18 or older)

DATE: _____


**exceptional
children's
co-op**
putting students first
Dubois, Spencer, Perry & Pike Counties