



AUTHORIZATION for RELEASE of INFORMATION

I (please print) _____

authorize (name of person/agency/school) _____

to release the following information (example: IEP/ETR/Progress Notes, Behavior Plans, etc.)

To (name and title of person of organization to which disclosure is to be made):

For the following purposes:

I consent to the release and exchange of information/records with Warren County ESC and the above designated school/agency/practice.

This Authorization may be revoked at any time to the extent that use and/or disclosure has not already occurred prior to your request for revocation. In order to revoke the Authorization, the individual/parent/legal guardian must submit a revocation request in writing to the Warren County Educational Service Center.

Parent/Guardian Signature _____ Date _____