

ALANSON PUBLIC SCHOOLS

7400 NORTH STREET, ALANSON, MI 49706
CENTRAL OFFICE FAX: (231) 548-2132

TELEPHONE: (231) 548-2261
K-12 OFFICE FAX: (231) 548-2165

PARENT PERMISSION FOR RELEASE OF INFORMATION

For the purpose of aiding in the determination of an appropriate education plan for my child, I hereby consent to the release of information regarding:

Name of Student: _____ Birthdate: _____

- FROM** the Alanson Public Schools **TO** the following agency/personnel/parents (include name and address):

1.

Materials to be released are:

- Most recent Multidisciplinary Evaluation Team report (MET)
- Most recent individualized Education Program (IEP)
- Other:

- TO** the Alanson Public Schools **FROM** the following agency/personnel (include name/address/materials to request):

1.

Please send this information to the attention of:

- I also give permission for the verbal exchange of information between Alanson Public Schools and the agencies/parties listed.

NOTE:

This document is valid for one (1) year from the date of signature or until the following date:

Signature of Parent/Guardian/or Student if 18 or Older

Date