



RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Student Name:		Date of Request:	
DOB:		Age:	
		District/School	

PROVIDER

We are requesting the specified information and records **from**:

Name _____ School/Agency _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

PURPOSE

The information and records are requested for the following purpose:

- Educational programming Other (Specify) _____

REQUEST

Requested Information and Records

- Current and previous year Individualized Education Plans (IEP)
- Progress reports for current and previous year IEPs with any data used to document progress
- Evaluation Review and Plan (most recent)
- Multi-disciplinary Team Evaluation (most recent)
- Functional Behavior Analysis and Behavior Intervention Plan (current)
- Other: _____

RECIPIENT

We are requesting the indicated information and records be **sent to**:

Creative Advocacy Solutions for Education
547 Cambridge Blvd. SE, Grand Rapids, MI 49506
creativeadvocacysolutions@gmail.com, 773-255-5177

RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Creative Advocacy Solutions for Education, Grand Rapids, Michigan

CONSENT

I hereby authorize the release of initialed information to the agencies designated and their representatives to engage in verbal, electronic or written communication in order to share records and information listed above for **one year from date listed below.**

Signature of Consent: _____ Date: _____

Signed by: Student (must be at least 18 years of age) Parent Legal Guardian