

**VOLUNTOWN PUBLIC SCHOOLS
SPECIAL SERVICES DEPARTMENT
AUTHORIZATION FOR EXCHANGE OF RECORDS AND INFORMATION**

STUDENT NAME: _____ **DOB** ___ / ___ / ___ **Date** _____

I hereby authorize Voluntown Public Schools and the party/parties/organization listed below to **PROVIDE** and/or **OBTAIN** confidential information regarding my above-named child.

The information to be exchanged may include, but is not limited to, the types of records and information listed below, including so-called "third party" records, or reports from other agencies and individuals, which may be contained in our files.

1. Clinical Data
2. Planning and Placement Team Summary and Recommendations
3. Individual Education Program(s), or IEP
4. Psychological/Psychiatric/Neuropsychiatric/Neuropsychological Evaluations and/or Reports
5. Speech and/or Language Evaluations and/or Reports
6. Educational Evaluations and/or Reports (including Cognitive, Achievement, and Processing)
7. Occupational and/or Physical Therapy Evaluations and/or Reports
8. Vision and/or hearing and/or Audiological Evaluations and/or Reports
9. Social Work Evaluations and/or Reports
10. Social/Development History and/or Reports
11. Individual Diagnostic Test Results and/or Reports (ex: Reading, Mathematics, Remedial, Gifted, CMT) Standardized Group Test
12. Standardized Group Test Score Results and/or Reports
13. Medical Evaluation Results and/or Reports
14. Other Health Records
15. Cumulative Records (name, address, academic work and level of achievement, attendance, report cards)
16. Permanent Record Card
17. Reports of Behavioral Incidents
18. Other _____

**NAME AND ADDRESS OF PARTIES AUTHORIZED TO EXCHANGE CONFIDENTIAL INFORMATION
VERBALLY AND/OR IN WRITING:**

AND

Voluntown Public Schools

Special Services Department

195 Main Street

P.O. Box 129

Voluntown, CT 06384-0129

(860)376-4720

Telephone: _____

_____/_____/_____
Date

Parent/Guardian Signature(s)