



# Deer Valley Unified School District

## SPECIAL EDUCATION SERVICES

### PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

Date \_\_\_\_\_

I hereby authorize: \_\_\_\_\_ to release \_\_\_\_\_  
(Physician name) (Home school)

- |                                                                                     |                                                                   |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Psychological Evaluation                                   | <input type="checkbox"/> Developmental History                    |
| <input type="checkbox"/> Medical Summary                                            | <input type="checkbox"/> Individual Education Plans (IEP)         |
| <input type="checkbox"/> Speech & Language Evaluation                               | <input type="checkbox"/> Progress Reports                         |
| <input type="checkbox"/> Audiological Evaluation                                    | <input type="checkbox"/> Consultant's Reports                     |
| <input type="checkbox"/> Occupational Therapy, ADPE<br>Physical Therapy Evaluations | <input type="checkbox"/> Vocational Assessment Report and<br>IVEP |
| <input type="checkbox"/> Pertinent Educational Records                              | <input type="checkbox"/> Other: _____                             |

Information on \_\_\_\_\_  
(Name) (Birth date)  
\_\_\_\_\_  
(Home school)

which may be of value in formulating the best plan for the education of my child.

This information is for the confidential use of the school personnel who are directly concerned with helping this student. DVUSD policies regarding confidentiality conform with the Family Education Rights and Privacy Act (FERPA) of 1974.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City State Zip Code

Rev: 08/09