



SPARTANBURG SCHOOL DISTRICT 4

Parental Authorization for Release of Information

To: _____

Student's Name: _____

D.O.B: _____

Parent's Name: _____

Current Address: _____

Previous School: _____

State/County: _____

Purpose of Request: To determine appropriate education placement

Information Needed: IEP, Psychological Evaluation and/or Reevaluation Review Plan, Health & Developmental history, Relevant Discipline Notices, Vision/Hearing/Speech Screening & and other Due Process material leading to placement.

My signature below authorizes _____ to release
(Agency)

all personal identifiable data such as psychological and academic test results and media information to Spartanburg School District 4 in reference to my child, _____.
(Child)

Signature of Parent/Guardian/Surrogate: _____

Relationship to student: _____ Date: _____

Requested by: _____

Please send to: District 4 Schools
118 McEdco Road
Woodruff, SC 29388
Phone: 864-476-3186
Fax: 864-476-8616