

**Spartanburg School District 4  
Parental Authorization for Release of Information**

Date: \_\_\_\_\_

Agency holding records: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose of Request:** To determine appropriate educational placement

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

Pupil: \_\_\_\_\_

DOB: \_\_\_\_\_

Parents: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Previous School: \_\_\_\_\_

*My signature below authorizes \_\_\_\_\_ (Agency) to release all personal identifiable data such as psychological and academic test results and medical information to Spartanburg School District 4 in reference to my child, \_\_\_\_\_ (Child's Name).*

**Parent/Guardian/Surrogate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_

Please send to: Spartanburg School District 4  
118 McEdco Road  
Woodruff, SC 29388  
864-476-3186-phone  
864-476-8616-fax