

WATERFORD UNIFIED SCHOOL DISTRICT

219 N. Reinway Ave.
Waterford, CA 95386
(209) 874-1809

RELEASE OF INFORMATION FORM

For the purpose of providing the most appropriate instruction and assistance in school, I do hereby give permission for a mutual exchange of psycho educational evaluations, psychosocial evaluations, and medical evaluations concerning, student records:

Name of Student: _____ Date of Birth: _____

School where enrolled: _____ Grade: _____

Between the Waterford Unified School District and the following:

(Hospital, Clinic, Physician, Association, or School)

(Address of Above)

Name of School Contact: _____ Phone No. _____

Address: _____

Release all information.

Release the checked information:

- 1. General Identifying Data (Name, Address, Date of Birth, Grade level completed, Grades, Class Standing, Attendance Records)
- 2. Standardized Achievement and Aptitude Test Scores
- 3. Personality and interest Scores
- 4. Teacher Ratings

- 5. Record of Extra-Curricular Activities
- 6. Individualized Education Programs
- 7. Psychological Reports
- 8. Medial Reports
- 9. Psychiatric Reports
- 10. Other (Specify) _____

Please return to: _____

Parent/Guardian Signature: _____ Date: _____