



Department of Special Services

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Tiffany Wright, Special Education Director

Erin Symonds, Secretary

Permission for Release and/or Exchange of Confidential Information

Name of Student

Date of Birth

Waverly Community Schools

and

Name of Agency / Physician

Office Phone Number

Address

Office Fax Number

City, State, Zip

I, _____, hereby authorize the release and/or exchange of all confidential information including school records, standardized tests, psychological reports, health records, parent conferences, social worker reports, court records, attendance records, transcripts, and other pertinent information concerning the above named student between the listed agencies.

Parent / Guardian Signature

Date