

Amphitheater Public Schools
Department of Special Education
701 West Wetmore Road
Tucson, Arizona 85705
(520) 696-5235 Fax # (520) 696-5020

Request/Release of Records

Student's Name: _____

Birth Date: _____ School: _____ Grade: _____

REQUEST STUDENT RECORDS FROM:

I hereby authorize the following named school or agency to release all educational, psychological, speech/language, audiological, medical and special education records pertaining to the student named above to the **Amphitheater School District**.

Written communication Verbal communication

Please Print School or Agency Name Telephone Number

Address

City State Zip

I am aware that this information will be used to assist my child; and that it will be treated with confidentiality.

Signature of Parent/Guardian or Surrogate Date

RELEASE STUDENT RECORDS TO:

I hereby authorize **Amphitheater School District** to send all educational, psychological, speech/language, audiological, medical and special education records pertaining to the student named above to the following named school or agency.

Written communication Verbal communication

Please Print School or Agency Name Telephone Number

Address

City State Zip

I am aware that this information will be used to assist my child; and that it will be treated with confidentiality.

Signature of Parent/Guardian or Surrogate Date