Enhancing Education
Mailing Address: PO Box 17751 Tucson, AZ 85731-7751 Office Location: 225 S. Pantano Road Tucson, AZ 85710 520-272-4020

Release of Information (Revised 7/2017)

Studen	Name: Date of Birth:	
Parent,	Guardian:	
Addres	: City/State/Zip:	
Record	& Information To Be Released	
□ Perm	anent Record Data (basic identification data, attendance data, academ	ic data)
□ Gene	ral Cumulative Data (general administrative data and results of group t	ests)
□ Heal	h and Medical Records	·
□ Sped ager	alized Student Data (individualized evaluation records and specialized rcies)	reports from outside
□ Spec	al Education Placement Records (all records of evaluation and/or place	ment, including
psyc	nological evaluations academic assessments, developmental histories, p	sychiatric reports)
□ Cour	seling & Discipline Summaries	
□ Conf	dential Mental Health Evaluation/Diagnosis/Treatment Information	
Purpos	of Request	
•	Need available information on previous school programs.	
□ Need	Need evaluation information for immediate Special Needs Assessment.	
□ Need	information to help prepare Special Needs Program for student.	
□ Allov	Enhancing Education personnel to communicate with non-custodial inc	dividuals, agencies or
instit	utions.	
Inform	tion To Be Released To/ From	
Name: _	School/Agency:	
Address	City/State/Zip:	
Inform	ition To Be Released To/ From	
	ng Education; PO Box 17751; Tucson, AZ; 85731-7751 20-272-4020	
Authoriz above.	ation is hereby granted to release record(s) requested on this form to/fron	n the parties indicated
>		
	SIGNATURE OF PARENT/GUARDIAN	DATE
>		
SIGN	ATURE OF ENHANCING EDUCATION STAFF	DATE