

Aiken County Public Schools
Department of Special Programs
1000 Brookhaven Drive
Aiken, SC 29803

Parental Authorization for Release of Information

Aiken County Public School District abides by the limitations and regulations of the Family Educational Rights and Privacy Act (FERPA.) To obtain a copy of this document, please call (803) 641-2621.

Child's Full Name _____
Date of Birth _____
School Currently Attending _____

Information requested: *(Note - Information to be released must be checked prior to obtaining consent.)*

<input type="checkbox"/> Psychological evaluation	<input type="checkbox"/> Demographic/social history
<input type="checkbox"/> Speech-Language evaluation	<input type="checkbox"/> Medical and developmental histories
<input type="checkbox"/> Vision evaluation results	<input type="checkbox"/> Medical diagnoses
<input type="checkbox"/> Hearing/audiological exam results	<input type="checkbox"/> Discharge summary
<input type="checkbox"/> Occupational therapy evaluation	<input type="checkbox"/> Individualized Education Program
<input type="checkbox"/> Physical therapy evaluation	<input type="checkbox"/> Individualized Family Service Plan
<input type="checkbox"/> Special ed. evaluation report	<input type="checkbox"/> Special education eligibility report
<input type="checkbox"/> Permission for special ed. evaluation	<input type="checkbox"/> Permission for special ed. services
<input type="checkbox"/> Verbal communication _____	
<input type="checkbox"/> Other _____	

By my signature, I give consent for the information specified above to be released to Aiken County Public Schools from _____
Name of district, agency, person, etc.

Address

Phone

I understand that I may revoke this consent at any time and that my consent will automatically expire one year from the date that I sign this form. I understand that this information will only be disclosed to Aiken County Public Schools personnel who have a reason to access it for the purposes of record keeping and/or for determining this child's educational needs.

Signature of Parent / Guardian / Child (if age of majority)

Date

Printed Name of Parent / Guardian / Child (if age of majority)