



Special Education Release of Records

Serving Farmington, Farmington Hills, and West Bloomfield

Date of Request: _____

The purpose of this request is: (please check one box)

For Farmington Public Schools to **release** records or information to:

- OR -

For Farmington Public Schools to **receive** records or information from:

→ Name: _____

Address: _____

Complete name and address: _____

Student Name: _____ Date of Birth: _____

Address: _____

Specifically:

- _____ Educational Reports
- _____ Medical Information
- _____ Occupational Therapy Reports
- _____ Physical Therapy Reports
- _____ Psychological Evaluation

- _____ Social History
- _____ Speech Evaluation
- _____ IEPT/MET
- _____ OTHER: _____

I hereby authorize you and/or your department to release information as indicated above concerning the named individual. Information received will be used solely for educational planning and will not be transferred to a third party without written permission from parents or legal guardian, licensed physician, registered nurse, social worker, school social agency, or other helping professionally qualified personnel whose training and/or information would be useful. The parental release of information and/or sending of school information is in compliance with Federal Public Law 93-380

Please send requested information to:

Farmington Public Schools
Special Education Department
Attention: Candaice Oliphant /
Records 32789 W. 10 Mile Road
Farmington, MI 48336-2360

If the information requested is less than 25 pages, please fax to: 248-489-3413
Attention: Candaice Oliphant
Records

Printed Name of Parent/Guardian: _____

Telephone No.: _____

Signature of Parent/Guardian: _____

Date: _____

School Personnel Signature: _____

Building: _____

The parental release of information and/or sending of school information is in compliance with Federal Public Law 93-380. Parents, Legal Guardians, or students of legal age may request a review and/or copy of the school records transferred. If this is desired, the school office should be notified. If you request a copy of the school records being transferred, the school is relieved of the responsibilities for confidentiality of those records.

Farmington Public Schools
Student Support Services
32789 W. 10 Mile Road
Farmington, MI 48336-2306

Sent: Yes NO
By: _____
staff

Phone: 248-489-3394
Fax: 248-489-3413
www.farmington.k12.mi.us