



Serving Farmington, Farmington Hills, and West Bloomfield

Special Education Release of Records

Date of Request: _____

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

For Farmington Public School District to release records or information to:

Name: _____

Address: _____

- OR -

For Farmington Public School District to receive records or information from:

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 School District
Special Education Department
32789 W. 10 Mile Road
Farmington, MI 48336-2360

Fax to: 248-489-3413
Attention: Candaice Oliphant/
Records

Printed Student Signature or Parent/Guardian if student is under 18: - _____

Telephone No.: _____

Signature of Student or Parent/Guardian if student is under 18: _____

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 School District
Special Education Office

Sent: Yes NO

By: _____
Staff

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