



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

Revised: 9/22

Sent:  Yes  NO

By: \_\_\_\_\_  
Staff

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