LUNENBURG COUNTY PUBLIC SCHOOLS

SPECIAL EDUCATION DEPARTMENT
Lunenburg School Board Office
Post Office Box 710 • 1009 Main Street • Kenbridge, Virginia 23944

Phone: (434) 676-2467 Fax: (434) 676-6167

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

This is to authorize Lunenburg County Special Education Department

to OBTAIN FROM or RELEASE TO:

Name of Agency, Hospital, Doctor, Institution, Company		winto winto winto construct support su	 Medical records will not be released to any person without prior written consent of parent, guardian, surrogate, or *student specifying which of these records are to be released and to whom. All relevant records with respect to the identification, evaluation, and placement of your child will be maintained in the school and available for your examination on an appointment basis. This authorization remains in effect for one year unless withdrawn by the parent, guardian, surrogate, or * adult student in writing. A photostatic copy of this release will be as valid as the original.
TELEPHONE & FAX:			
The following information only:	O Medical Records O Social History O Educational Eval. O Psychological Eval. O Speech/Language Eval. O Individual Education Program (IEP) O Eligibility Minutes/Recommendations O Other		
For the purpose of:	O Educational Planning O Other		
This information pertinent to:	Name D.O.B Address City & State	•	
DATE//_ MONTH DAY YEAR	SIGNATURE OF PARENT/GUARDIAN/SURROGATE/ADULT S	TUDENT*	
DATE//			

This information is to ONLY be released to central office special education personnel at the address or fax listed above.