

East Hanover Township School District
DEPARTMENT OF SPECIAL SERVICES
20 School Avenue, East Hanover, NJ 07936 Phone: 973-887-2112, ext. 127 Fax: 973-887-8478

CONSENT FOR RELEASE AND/OR EXCHANGE OF INFORMATION

Student's Name: _____ Birthdate: _____ Age: _____
(Yr./Mo.)

School: _____ Grade: _____

I hereby authorize the release and/or exchange of information regarding the above named child between East Hanover Township School District and:

Address City State Zip Code

The information released shall be:

- | | |
|---|---|
| <input type="checkbox"/> Special Services Assessments/IEP | <input type="checkbox"/> Educational Evaluation |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Clinical reports | <input type="checkbox"/> Other _____ |

The reason for this authorization is to provide information to assist in assessment of student for special education.

VALID UNTIL 1 year from date

Signed

Date

Relationship to Student

Street Address

City

State

Zip Code

A copy of these reports may be obtained by the parent/guardian upon written request at the expense of the person making the request.

Information received by East Hanover Township School District will be placed in the student's record and will be available for inspection and review in accordance with the Family Education Rights and Privacy Act of 1974. Information sent by the East Hanover Township School District may not be shared by any other party without the written consent of the parent/guardian or the student if the student is 18 years old or older.

PLEASE MAIL TO:

East Hanover Township School District
Department of Special Services
20 School Avenue
East Hanover, New Jersey 07936