St. Francis de Sales School for the Deaf
Building Bridges to Tomorrow for Deaf, DeafBlind & Deaf Disabled Children

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Follow us at @sfdesales

Permission to Release / Obtain Information

Child's name _____ D.O.B _____

I hereby authorize St. Francis School for the Deaf in Brooklyn:

Release the following information to:

Name: _____

Agency: _____

Street: _____

City: _____ State: _____ Zip: _____

Obtain the following information from:

Name: _____

Agency: _____

Street: _____

City _____ State: _____ Zip: _____

Communicate over the phone with and / or to arrange a classroom observation by:

Name: _____

Agency: _____

Phone: _____

Most Recent	All	Specific Information or Dates	
☐	☐	_____	Cumulative file records (report cards, general ed, records)
☐	☐	_____	Standardized test scores (DRP, CMT, SAT CMAT)
☐	☐	_____	Educational Evaluations
☐	☐	_____	Psychological evaluations
☐	☐	_____	Social Work Evaluations
☐	☐	_____	Minutes of CSE/IEP Team Meetings
☐	☐	_____	IEP
☐	☐	_____	Other, Specify _____
☐	☐	_____	Other, Specify _____

Parent/ Guardian		Administrator Authorizing Release
_____	Name	_____
_____	Relationship/ Position	_____
_____	Signature	_____
_____	Date	_____