



BIBB COUNTY SCHOOL DISTRICT

Strength of Character and College or Career Ready

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

TO: _____ DATE: _____

You are hereby authorized to release/exchange confidential information on the following child:

Last Name First Middle Birthdate

School Attended Special Program Enrollment

These records are to be forwarded to:

Name Position

Agency

Street

City State Zip Code

Type of material to be released: Reason for release:

_____ Psychological Data _____ Educational Planning and/or Placement

_____ Educational Evaluation _____ Medical Problems Related to Learning

_____ Medical Records _____ Minutes of Placement Committee

_____ Proof of Disability _____ I.E.P.

_____ Maintenance of Student Records _____ Other _____

Signature of Parent or Guardian

Relationship to Student

Date