

Berrien Regional Education Service Agency
711 St. Joseph Ave.
Berrien Springs, MI 49103

REQUEST FOR RELEASE OF INFORMATION

Consent is hereby given to _____ to disclose the
(Previous school name, address, city and state)

following records for _____ whose birthday is _____
(Name of student)

Check the type of general information or the specific record(s) to be released:

<input type="checkbox"/> All information relevant to the purposes of this release.	<input type="checkbox"/> Occupational and Physical Therapy Reports
<input type="checkbox"/> All diagnostic reports and placement information.	<input type="checkbox"/> Teacher Consultant Reports
<input type="checkbox"/> All educational planning information.	<input type="checkbox"/> Social Work Reports
<input type="checkbox"/> Psychological/Psychiatric Reports	<input type="checkbox"/> Medical Reports
<input type="checkbox"/> Speech Therapy Reports	<input type="checkbox"/> Other (specify) _____

These records are to be disclosed to:

Name: _____

The purpose(s) for which these records are to be released are:

1. _____
2. _____
3. _____

I recognize that I have the following rights regarding any Berrien Regional Education Service Agency educational records to be released per this request:

1. To inspect and copy such records at my expense.
2. To challenge the contents of such records.
3. To limit any such consent to designated records or designated portions of information within the records.

Signature: _____ Date: _____
(Parent/Guardian or Student [if over 18])

(FOR OFFICE USE ONLY)

The above records were released on _____ to the above party(ies).

Comments: _____ Staff Member Initials _____