

AUTHORIZATION TO RELEASE INFORMATION – SE 11

I hereby authorize the Palau Ministry of Education, Special Education Office to:

☐ Provide copies of documents listed below	☐ Provide access to my child's file	☐ Receive the following information.
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Child's Name:	DOB:
School:	Grade:

The following documents are included in this request:

☐ Referral documents	☐ IEP/Placement Documents (current IEP/Placement documents will be provided unless other requests are made)	☐ Medical reports
☐ Eligibility documents	☐ Evaluation reports	☐ Transition reports
☐ Other	☐ Other	☐ Other

Please specify any documents not listed above:

Name of Individual/Agency Receiving Information:	Phone #:
Address:	Fax #:
E-mail address:	

Access to the specified information will be provided to:

Name (s)	
Agency represented	
Purpose for needing the information:	

Printed Name of Authorized Parent/Guardian

Signature /Date of Authorized Parent/Guardian

Print Name of MOE Representative Releasing the information

Signature /Date of MOE Representative Releasing the information