EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION
INTERLOCAL #614

SUSAN CHRISTENSEN **DIRECTOR**

715 Chapel Street - P.O. Box 41 Baldwin City, Kansas 66006 785-594-2737 785-594-6815 (fax)

AUTHORIZATION FOR RELEASE OF INFORMATION

RE:_____ Date:_____

I hereby authorize the East Central Kansas Cooperative in Education to acquire/disclose or exchange the following information:

Specific type of information:

Pre-assessment data
Psychological evaluation reports
Current IEP
Other: Please identify_____
_____

The student is in the_____school district. The purpose and need for such information is to help staff to gather pertinent information in order to plan effectively for the student's educational program and services.

Please send information to: _____
_____
_____
_____

_____
Signature of student (if 18 or older)

_____ _____
Signature of parent, guardian or authorized representative (if student is under 18)

Relation to student

providing SPECIAL EDUCATION services to:

Baldwin	**Wellsville**	**Eudora**
U.S.D. #348	**U.S.D. #289**	**U.S.D. #491**