

# AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

## Bulloch County Schools

Special Education Services and Supports

150 Williams Road

Statesboro, Georgia 30458

Executive Director: Dr. Jeffrey Tysinger

Director: Paula Jacobs

Director: Julie Mixon

Secretary/ Records Clerk: Phenecia Sheppard Rogers

Student's Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

The person completing this form is the:

- ☐ Parent
- ☐ Legal Guardian
- ☐ Student

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Records to be released:

- ☐ IEP
- ☐ Eligibility Report (Re-evaluation Plan/ Three Year Evaluation)
- ☐ Psychological Report
- ☐ Other \_\_\_\_\_

**(TO BE COMPLETED BY THE PARENT/ LEGAL GUARDIAN) /FORMER STUDENT**

Signature \_\_\_\_\_

Date \_\_\_\_\_

*(This authorization is valid for one year after the date it is signed)*

**PLEASE SEND ALL RELEASES TO PHENECIA SHEPPARD ROGERS**

**PHONE:** (912) 212-8600

**FAX:** (912) 212-8609

**EMAIL:** PSHEPPARD@BULLOCHSCHOOLS.ORG

1<sup>st</sup> ATTEMPT \_\_\_\_\_

2<sup>ND</sup> ATTEMPT \_\_\_\_\_

3<sup>RD</sup> ATTEMPT \_\_\_\_\_