

**ARTESIA PUBLIC SCHOOLS
1106 W. QUAY
ARTESIA, NM 88210**

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

TO: _____
NAME OF PERSON SCHOOL OR AGENCY

ADDRESS

CITY, STATE, ZIP CODE

RE: _____
NAME OF STUDENT

DATE OF BIRTH

GRADE

I hereby authorize the release of the following information: cumulative records, guidance materials, and health records

**TO: ARTESIA PUBLIC SCHOOLS
1106 W. QUAY
ARTESIA, NM 88210**

PARENT/GUARDIAN SIGNATURE

I hereby authorize the release of the following information: Special Education Assessment results, eligibility evaluation reports, current IEP documents, related services records (speech/language, occupational therapy, physical therapy) and medical/psychological reports

**TO: ARTESIA PUBLIC SCHOOLS
ATTN: SPECIAL EDUCATION DEPARTMENT
1106 W. QUAY
ARTESIA, NM 88210**

PARENT/GUARDIAN SIGNATURE

Thank you for your assistance in this matter.

(School Official Signature)

(Date)