

**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)