

Sweetwater County School District Number One

PO Box 1089 • Rock Springs, WY 82902-1089
307•352•3400 FAX: 888•503•5671

Authorization for Exchange Of Confidential Student Record Information

Student: _____ Grade: _____ Date of Birth: _____

As a parent/guardian/adult of the above named student, I hereby request release of confidential (including educational plans, assessment results, medical findings, developmental, health and immunization history, legal proceedings, and/or relevant data) on the above student between the parties below:

____ From ____ To

____ From ____ To

Name of Agency/Contact Person

Name of Agency/Contact Person

Address

Address

City State Zip

City State Zip

Phone Number Fax Number

Phone Number Fax Number

I request the following records be exchanged for the purpose of student enrollment and proper placement:

____ general education records, specifically _____

____ special education confidential file (Evaluation, Eligibility and IEPs)

____ medical records/information, specifically ***immunization records*** _____

____ counseling information, discipline records specifically _____

____ testing/evaluation results, specifically _____

____ other information, specifically ***birth certificate***

____ legal documents ***regarding custody***



Our Mission
To Provide A Quality
Education For All Students

Parent/Guardian/Adult Signature

Address

City State Zip

Phone Number Date of Request