

**OFFICE OF THE SUPERINTENDENT
INSTRUCTIONAL SUPPORT DEPT.
130 WESCOTT ROAD
SOUTH PORTLAND, MAINE 04106-3442**

Kenneth Kunin, Superintendent of Schools
Kathryn Germani, Assistant Superintendent
Rolfe Forland, Director of Finance, HR and Operations
Andrew Wallace, Director of Technology



Rebecca H. Brown, Director, Curriculum/Assessment/Instruction
Kathleen Cox, Director of Instructional Support
Dianne Paton, Assistant Director of Instructional Support
Faye Gmeiner, Instructional Support Administrator

Authorization for Release of Information

From time to time it becomes necessary for the school department to send information from your child's record to an agency for evaluation purposes, obtain information from an agency or school for evaluation and planning, or use information presently in the record for review and programming by the IEP Team.

In order to better serve the needs of your child, we request your permission to carry out one or several of these tasks as indicated below by a check mark (). Please place your signature on the appropriate line and return to us.

() I hereby give permission to South Portland Special Education and its appointed representatives, e.g. individual staff or IEP Team members, to *obtain and/or review information* on _____ from _____ for the purpose of _____. The specific records to be reviewed/obtained are: _____

() I hereby give permission to South Portland Special Education and its appointed representatives, e.g. individual staff or IEP Team members, to *release written and/or oral information* on _____ to _____ for the purpose of _____. The specific records to be released/discussed are: _____

I understand that my permission is voluntary and that it may be revoked at any time. Upon attaining the 18th birthday, the student is the only valid consentor to this request, unless the court has appointed a guardian.

Signed: _____

Date: _____