



### Authorization for Release of Confidential Information

This information is for the confidential use of the school personnel who are directly concerned with helping this child.

I hereby authorize \_\_\_\_\_  
Name of Previous School

to release Multi-Factored Evaluation/Evaluation Team Report, IEP, and educational records pertinent to Special Education services concerning

\_\_\_\_\_ to Kenston Schools.  
Student's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Student

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

Please send information to:  
Kenston Local Schools  
Attention: Special Education Department  
17425 Snyder Road  
Chagrin Falls, Ohio 44023

Contact:  
Rita Pressman  
(440) 543-3013  
Fax (440) 543-3021

Records requested by: \_\_\_\_\_ Date records requested: \_\_\_\_\_  
Date records received: \_\_\_\_\_