BIBB COUNTY SCHOOL DISTRICT

ACHIEVEMENT AND PERFORMANCE... FOR EVERY CHILD

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

I, ___________________________________, hereby authorize the Bibb County School System to release and obtain information concerning my child ___________________________________, who was born on ____________ and currently attends _______________________School.

FROM:

	- Contact
	- Telephone
	- FAX

Records released from the above service provider should be mailed or faxed to:

Donna G. Poole, Director of Special Education
Bibb County Schools
P. O. Box 6157 – Suite 450
Macon, GA 31208
(478) 765-8710/ (478) 765-8636 FAX

It is understood that the Bibb County School System or the party to whom this information is being released will not release this confidential information to a third party without appropriate consent from this student's parent or legal guardian.

RECORDS TO BE RELEASED:

- ☐ **School Due Process Records (e.g. IEPs, Psychological Reports, & Eligibilities)**
- ☐ **Treatment and/or Service Plans**
- ☐ **Pertinent Medical Records**
- ☐ **Other: ____________**

REASON FOR RELEASE:

- ☐ **Educational Planning Purposes**
- ☐ **Determining Eligibility for Educational Services**
- ☐ **Other: ____________**

I understand and agree to the above statements:

____	_________________________	____________
Signature of Parent/Guardian/Surrogate Parent	**Relationship**	**Date**