



The Graham School

encounter the world, engage the mind

Consent to Release Educational Records

Previous School: _____ Telephone: _____

School Address: _____ Fax: _____

I hereby authorize The Graham School to release/obtain pertinent information concerning:

Name of Child _____

Present School _____ Grade _____

Birthdate ____ / ____ / ____

Please check which (number 1 or 2) applies to your student and sign the blank following your checked item

1. _____ My child is not on and has not been on an IEP.

Signature: _____
Parent/Guardian/Student (Student must be at least 18 years old) Relationship to student

2. _____ My child is or has been on an IEP (received special education services) and I authorize The Graham School to release/obtain all special education files including current multifactor evaluation team report, psychological and academic assessment, and current IEP. This information may include medical, psychological, psychiatric and social data that might be helpful in our educational planning. It is understood that this information will not be forwarded to any other person without parental consent.

With the understanding that The Graham School cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding my child above in the manner indicated.

Signature: _____
Parent/Guardian/Student Date

Address City Zip

USDA is an equal opportunity provider and employer.

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