



St. Theresa Catholic School

1081 Lyons Avenue

South Lake Tahoe, CA 96150

Telephone: (530) 544.8944

Facsimile: (530) 544.8909

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

CURRENT SCHOOL: _____

You are hereby authorized to release confidential information, in written and/or verbal communication, for the following student:

NAME: _____
(Last) (First) (Middle)

BIRTHDATE: _____ SOCIAL SECURITY NO: _____

These records are to be forwarded to:

St. Theresa Catholic School
Attention: Register Office
1081 Lyons Avenue
South Lake Tahoe, California 96150

- | | |
|--|--|
| <input type="checkbox"/> Educational Evaluation/Achievement Data | <input type="checkbox"/> Speech/Language Evaluation |
| <input type="checkbox"/> Vision/Hearing Screening | <input type="checkbox"/> Behavioral Checklist |
| <input type="checkbox"/> Permanent Record/Transcript/Progress Reports | <input type="checkbox"/> Psychoeducational Evaluation |
| <input type="checkbox"/> Statement of Status for LD Students | <input type="checkbox"/> Occupational/Physical Therapy Report(s) |
| <input type="checkbox"/> Eligibility Report for Each Identified Exceptionality | <input type="checkbox"/> Individual Education Plan (IEP) |
| <input type="checkbox"/> All of the Above | |

I UNDERSTAND THAT GRANTING CONSENT FOR THE: RELEASE OF RECORDS IS VOLUNTARY ON MY PART.

Parent/Guardian Signature

Date