

Special Education Department

JOHN GLENN/UNION NORTH UNITED SHARED SERVICES

407 Washington Street • Walkerton, Indiana 46574 • Phone: 574-586-3184 ext. 6302

CONSENT FOR THE RELEASE / OBTAIN OF INFORMATION

Student Name: _____

Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____

I authorize the following person (s) an/or agency to release/obtain/communicate information with the John Glenn / Union North United Shared Services Special Education Department:

Name: _____

Address: _____

Title: _____

Phone Number: _____

Fax Number: _____

Please select the information you would like released:

- Academic Records
- Special Education Records
- Assessments and Recommendations by the above named person/agency
- Verbal Communication
- Medical Records
- Other (please specify) _____

All information is confidential.

Date: _____ Parent/Guardian Signature: _____

School releasing/obtaining information: _____