

SFUSD
Special Education Services
3045 Santiago St,
San Francisco, CA 94116
Phone: (415) 759-2222 Fax: (415) 242-2528



SAN FRANCISCO UNIFIED SCHOOL DISTRICT
SPECIAL EDUCATION
DEPARTMENT

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name: _____
(please print)

I authorize the exchange of information between the San Francisco Unified School District and the following agency and/or individuals:

Name of agency/individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Please forward the information listed below:

_____ IEP/Educational _____ Social/Development _____ Psychological

_____ Speech/Language _____ Medical

_____ Other: _____

This release is valid until: _____

Mail to the attention of the following person at the above address:

Attention: _____

Date: _____ Signed: _____
Parent/Guardian or eligible student*

Such information shall not be released to another agency or person unless written permission is provided by the parent, guardian, or eligible student*.

**An eligible student is a student who is a non conserved pupil.
A student who has attained age 18 and maintains their own educational rights.*