

Coloma Community Schools  
PO Box 550  
Coloma, Michigan 49038

REQUEST FOR RELEASE OF INFORMATION

Consent is hereby given to \_\_\_\_\_ to disclose the following

Records for \_\_\_\_\_ whose birthdate is \_\_\_\_\_

Check the type of general information or the specific record(s) to be released:

- All information relevant to the purposes of this release.
- OT and PT reports.
- All diagnostic reports and placement information
- All educational planning information
- Psychological/Psychiatric Reports
- Speech Therapy Results
- Teacher Consultant Reports
- Social Work Reports
- Medical Reports
- Verbal conversation to address educational planning
- Other (specify) \_\_\_\_\_

These records and/or information are to be disclosed to:

Name: \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

The purpose(s) for which these records are to be released are:

1. \_\_\_\_\_
2. \_\_\_\_\_

I recognize that I have the following rights regarding any Coloma Community School District educational records to be released per this request:

1. To inspect and copy such records at my expense.
2. To challenge the contents of such records.
3. To limit any such consent to designated records, verbal conversations or any designated portions of information within the records.

Signature \_\_\_\_\_ Date \_\_\_\_\_