

HALLCOUNTY SCHOOL SYSTEM
Gainesville, Georgia
INFORMATION EXCHANGE REQUEST

Student Name: _____
Date of Birth _____ Current Grade Level _____

Student's Current Mailing Address: _____

Current Phone # _____

_____ I hereby authorize the Hall County School System to **exchange** pertinent information concerning the above named student. This consent shall expire on the following date:_____.

You have the right to revoke this authorization, in writing, at any time. However, your written request to revoke this consent is not effective to the extent that we have provided services or taken action in reliance on your consent. Written notice that includes a clear statement to revoke this consent, dated, with your signature is required to revoke this consent. The revocation is not effective until it is received by the Hall County School System, Special Education Department (if applicable) or the principal of assigned school.

INSTITUTION RELEASING INFORMATION:

Name: _____
Address: _____

Phone: _____
Specialty: _____

Name: _____
Address: _____

Phone: _____
Specialty: _____

Name: _____
Address: _____

Phone: _____
Specialty: _____

Name: _____
Address: _____

Phone: _____
Specialty: _____

TYPE OF MATERIAL:

_____ Special Education Records
_____ Psychological Report
_____ Eligibility Reports
_____ Educational Evaluation Reports
_____ Individualized Education Plan
_____ Speech/Language Therapy Records/Reports
_____ Occupational/Physical Therapy Records/Reports
_____ Other: _____

REASON:

_____ Medical Treatment
_____ Vision/Hearing/Dental Screenings
_____ Classroom Physical Management Plan
_____ Educational Planning

I have examined the records indicated above and agree to have them released to Hall County School System, 711 Green Street, Suite 100; Gainesville, GA 30501.

Attention to: _____.

Signature of Parent/Guardian/Student (over 18 years of age)

Date