

Quincy Public Schools

Authorization for Release of Information

Re: _____ Birth Date: _____

Address: _____ Date: _____

I hereby request confidential information regarding my child,

Psychological

Medical

Social Developmental/Social History

School Student Record - Academic

School Student Record - Special Education

Speech/Language

Audiological/Occupational Therapy/Physical Therapy

Other _____

Documents concerning my child **from** Quincy Public School District will be provided to the undersigned

I hereby certify that I am the legal guardian of the student in question.

A driver's license or state issued photo identification card required to release information.

Parent/Guardian Signature _____ Relationship _____

Printed Name _____

Phone _____ Email Address _____

Address _____

Date Requested: _____

Per the district policy QPS has 15 school days to respond and reserves the right to charge parents up to \$0.25 per page in accordance with school policy and the student handbook