

# 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 verify 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 \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship \_\_\_\_\_

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.*