



OFFICE OF STUDENT SUPPORT SERVICES

Lucy Hope – Director Dale Sweetser – Assistant Director

AUTHORIZATION TO EXCHANGE INFORMATION

Date: _____

Student: _____ Date of Birth: _____

School District: Mat-Su Borough School District | School Name: _____

I hereby authorize the exchange of information from the agency/person(s) listed below and the Matanuska-Susitna Borough School District:

Ptarmigan Connections

3505 E. Meridian Park Lp. Ste 200

Wasilla, AK 99654

Ph: 907.357.4400 | Fax: 907.357.4410

Check all appropriate:

Transcripts (including all testing data such as AIMSweb, CPAA, etc.)

Health records (vision and hearing screen)

Impact testing, if any

Psychological and counseling

Special Education records, if any

504 plan

Speech Records

Police Records

Other (specify): Ability for Ptarmigan Pediatrics Psychologist to do in-class observations of student, as well as interview(s)/rating scale questionnaire(s) with school staff members as necessary.

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Parent/Guardian Signature _____ Date _____

Address _____

City, State Zip _____