



**OFFICE OF STUDENT SUPPORT SERVICES**

*Lucy Hope – Director Dale Sweetser – Assistant Director*

AUTHORIZATION TO REQUEST INFORMATION

Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School District: Mat-Su Borough School District | School Name: \_\_\_\_\_

I hereby authorize the request 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

- \_\_\_ Transcripts (including all testing data such as AIMSweb, CPAA, etc.)
- \_\_\_ Health records (vision and hearing screen) *See attached nurse form*
- \_\_\_ Impact testing, if any
- \_\_\_ Psychological and counseling
- \_\_\_ Special Education records, if any
- \_\_\_ 504 Plan/ IEP
- \_\_\_ Police Records
- \_\_\_ Speech records
- \_\_\_ Other (specify): Ability for Ptarmigan Connections Psychologist and school psychologist to discuss case, 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 \_\_\_\_\_