

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby specifically authorize my Advocate/Counselor Dr. Robert Closson, Ed.D., and/or any agent acting upon behalf of Dr. Closson to request and obtain any and all information regarding my student \_\_\_\_\_.

This Authorization specifically includes, but is not necessarily limited to, the release of school records, counseling records, public and private social service records, medical and psychological records, legal records, behavior plans, assessments, evaluations, tests, discipline reports, incident reports, injury reports, video footage, investigation reports, suspension reports, expulsion reports, teacher or counselor notes and records, nursing or health tech notes, Individualized Education Programs (“IEP”) and assessments pursuant thereto. This request also relates to any 504 Accommodation Plans and assessments related thereto, memoranda and any and all written correspondence and emails from any private or public agency involved with my student located on-site or off-site, at the School, District or SELPA. In sum, all student records that identifies my student directly or indirectly in any form of contact or correspondence.

This Authorization also grants to Dr. Closson the right to speak with third parties and conduct investigations and interviews on my behalf.

*A copy of this document shall serve in the same capacity as the original.*

*Dated:* \_\_\_\_\_

\_\_\_\_\_  
*Authorized Parent*

