SALT LAKE CITY SCHOOL DISTRICT RELEASE OF STUDENT SPECIAL EDUCATION RECORDS

Name	DOB
The persons/agencies named below are authorized regarding the above named student(s).	to disclose to each other confidential information
Salt Lake City School District	Name of Sending School:
Address: 440 East 100 South, SLC UT 84111	Address:
Phone # 801-578-8203	Phone #:
FAX # 801-578-8536	FAX #:
ATTENTION TO:	
Angélica Bolaños	
RECORDS TO BE RELEASED/DISCLOSED	PURPOSE OF RELEASE/DISCLOSURE
*IEP file(s)	To assist in educational planning
All educational tests, achievement data, and progress reports	Transfer of school records
All Vocational Testing	Other
Other: (specify)	
*IEP File Contents Include:	
Results, Re-Evaluation Data Review, Speech Evalua	Progress Reports, Team Summary and Eligibility, Evaluation ation Reports, Hearing/Vision Screens, Notice of ent for Evaluation, At-Risk Interventions, Referral for Evaluation
Note: The Federal Law 99.30 allows educational re the parental signature requirement.	cords to be sent to other educational agencies without
Signature of Requesting School Representative/Date	
Parent Signature/Date	