

Advocacy 4 Education, LLC.

10 Jennings Ct
Hillsborough, NJ, 08844
(201) 615-0538

katherinepassman@gmail.com
<http://www.advocacy4education.com>

AUTHORIZATION FOR EXCHANGE OF INFORMATION

I authorize the following individual, **Katherine Passman, M.S. Ed.** (Education Advocate) and

to release/exchange information and share communication in verbal, written, and/or electronic form regarding:

_____ (Student Name & Date of Birth)

This information is to be used in the planning of an appropriate educational program for the student. The confidentiality of the information received will be protected by the State and Federal guidelines regarding the collection, maintenance and dissemination of student records (Family Education Rights and Privacy Act of 1974).

Information for release includes the following: (Please Check)

- Grades and Report Card
- Standardized Test Results
- Attendance Records
- Transcripts/Credit Data
- Discipline Records
- All evaluations conducted by the school district
- Neuropsychological Evaluation
- Psychiatric Evaluation
- All relevant Special Education Data including IEP or 504 plans
- Gifted Education Data (if separate from special education)

Other, Please Specify: _____

_____ Parent/Legal Guardian
Print Name

_____ Parent/Legal Guardian _____ Date
Signature

