

South Orange County SELPA  
 Saddleback Valley and Laguna Beach Unified School Districts  
 Parent Permission for Release of Information

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

STUDENT INFORMATION				
First	Middle	Last	DOB	Age
Student ID#	Current School	Current Grade	Current Program	
I hereby consent to, request, and authorize any and all persons or entities listed below to exchange with <u>Saddleback Valley Unified School District</u> or <u>Laguna Beach Unified School District</u> any or all social, psychological, medical, speech/language and educational information regarding the above named person:				
<b>1</b>	Name: _____		Address: _____	
	Phone: _____	Fax: _____	City/State/Zip Code: _____	
<b>2</b>	Name: _____		Address: _____	
	Phone: _____	Fax: _____	City/State/Zip Code: _____	
<b>3</b>	Name: _____		Address: _____	
	Phone: _____	Fax: _____	City/State/Zip Code: _____	
<b>4</b>	Name: _____		Address: _____	
	Phone: _____	Fax: _____	City/State/Zip Code: _____	
<b>5</b>	Name: _____		Address: _____	
	Phone: _____	Fax: _____	City/State/Zip Code: _____	
<b>6</b>	Name: _____		Address: _____	
	Phone: _____	Fax: _____	City/State/Zip Code: _____	
<b>7</b>	Name: _____		Address: _____	
	Phone: _____	Fax: _____	City/State/Zip Code: _____	
<b>8</b>	Name: _____		Address: _____	
	Phone: _____	Fax: _____	City/State/Zip Code: _____	
<b>9</b>	Name: _____		Address: _____	
	Phone: _____	Fax: _____	City/State/Zip Code: _____	
<b>10</b>	Name: _____		Address: _____	
	Phone: _____	Fax: _____	City/State/Zip Code: _____	

**Please mail or fax to:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

This authorization shall remain in effect until revocation in writing has been delivered to said school district.

\_\_\_\_\_  
 Parent/Guardian Signature                                  Date                                  Relationship to student

Date Received by District: \_\_\_\_\_