



Authorization for School District to Release Records & Communicate

I hereby authorize staff of the \_\_\_\_\_ PUBLIC SCHOOLS (name of school district) to communicate verbally and in writing, and to release my educational records indicated below, to the staff of the Center for Academic Support and Accessibility Services (CASAS) at Southern Connecticut State University (SCSU). The purpose of this communication and release of information is to assist CASAS staff in evaluating my request for accommodations and services at SCSU. This authorization is valid for one calendar year and will expire automatically from the date signed below. I understand I may revoke this authorization at any time prior to such date by submitting written notice to CASAS.

RECORDS TO BE RELEASED (check all that apply)

- \_\_X\_\_ Last Section 504 Plan
\_\_X\_\_ Last Individualized Educational Program (IEP)
\_\_X\_\_ Last academic achievement (including reading, writing, and math) evaluations
\_\_X\_\_ Last psycho-educational evaluation, including cognitive, social-emotional and behavioral
\_\_X\_\_ Last related services evaluations (e.g., speech and language, occupational therapy, physical therapy, audiology, etc.)
\_\_X\_\_ Other (describe): Any outside evaluations conducted since 9th grade

FOR SCHOOL DISTRICT: Please send these records to: Ted Donahue, Associate Director of Accessibility Services
Email: donahuet1@southernct.edu Fax: (203) 392-6829 Phone: (203) 392-6826

STUDENT INFORMATION:

Student Name (Printed): \_\_\_\_\_ SCSU Student ID: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
High School Name: \_\_\_\_\_ High School
Year of Graduation: 20\_\_\_\_

AUTHORIZATION:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_