

## Disclosure of Education Records to Project SEARCH Partners

### Release of Information for Sending District

This form gives permission for the school (identified below) to disclose the personally identifiable information from the education records of the individual below. This information will be provided to the Project SEARCH Partners (Host Business, Education Partner, Vocational Rehabilitation, Long Term Support, etc.) to support the application process.

**Student  
Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Address**

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Primary  
Contact  
Information**

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Name of  
School**

School \_\_\_\_\_ District \_\_\_\_\_

**School  
Address**

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Information to  
Use or  
Disclose**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Demographic Information | <input type="checkbox"/> IEP, 504 Plan  | <input type="checkbox"/> Evaluation Team Report Report (ETR) |
| <input type="checkbox"/> Attendance Records      | <input type="checkbox"/> Psychological Evaluations  | <input type="checkbox"/> Academic Records                    |
| <input type="checkbox"/> Educational Evaluations | <input type="checkbox"/> Functional Behavior Assessment (FBA) Behavior Intervention Plan ( BIP) | <input type="checkbox"/> Other _____                         |

Signature of Student Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If received assistance to complete application, name of scribe: \_\_\_\_\_