**Sussex County Educational Services Commission**

**Division of Nonpublic School Services**

18 Gail Court, Sparta, NJ 07871

Phone: 973-579-6980 Fax: 973-940-0811

**Andrea Romano Erin Siipola**

 **Superintendent Business Administrator**

**AUTHORIZATION TO RELEASE**

**STUDENT RECORDS**

To: Sussex County Educational Services Commission

Re: Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent/guardian of the above-referenced student, I request and authorize SCESC to forward copies of the Child Study Team documents checked below to:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The documents I authorize you to release are:

[ ]  Evaluation assessment reports

[ ]  Eligibility Determination

[ ]  Current Service Plan

[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return signed form to SCESC – Nonpublic School Services

18 Gail Court, Sparta, NJ 07871

Fax 973-579-1086