

Osborn School District No. 8  
1226 W. Osborn Road  
Phoenix, AZ 85013  
Phone: 707-2000  
Fax: 707-2040

PARENT/LEGAL GUARDIAN'S AUTHORIZATION  
FOR  
RELEASE OF INFORMATION FROM THE SCHOOL DISTRICT

Date of Request: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_

School Attended: \_\_\_\_\_

I hereby authorize the Osborn School District to release all academic and medical records, as well as any information on file as a result of evaluations or studies made on the above named child. This request includes educational assessments, individual intellectual, and emotional assessments, school and academic history, and cumulative records.

I understand that this information will help in planning the educational program for my child, and that the confidential nature of these records will be maintained.

I also understand that educational information will be shared with Maximus and AHCCCS, if required for health services.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Child

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

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

Phone Number: \_\_\_\_\_

Name of School Student will be attending: \_\_\_\_\_

FOR OFFICE USE ONLY

Health Records

Special Services Records

Other \_\_\_\_\_