



Venture Academy

Special Education

2829 Transworld Drive, Stockton, CA 95206

Mailing Address: P.O. Box 213030, Stockton CA 95213

Telephone: (209) 468-5940 - Fax: (209) 468-9000

Authorization of Release of Confidential Information

Information requested from:

Information released to:

At my request I, _____, hereby authorize the disclosure of the information checked below from the records of:

Name: _____ Date of Birth: _____

- School Information
- Teacher Reports/Evaluations
- Psychologist's Status or Progress
- Academic Status or Progress
- Counselor Reports/Evaluations
- IEP
- Psychiatric Reports/Evaluations
- Confidential Health Information
- Disclosure includes shared communication between agencies.

Purpose of disclosure is to help determine educational programming, or may be beneficial to help determine appropriate intervention by other agencies/professionals.

This consent shall remain in effect for a period of one year from signature date though I understand that I may revoke this consent to release information at any time. To revoke this authorization, a written request should be made to Venture Academy at the address listed above.

Signature of Parent/Guardian/Legal Custodian

Date