



ATLANTA AREA SCHOOL FOR THE DEAF

Excellence Everyday...That's the Panther Way!

J. Jack Johnson, School-Level Superintendent
890 North Indian Creek Drive • Clarkston, GA 30021

Front Desk: 404-296-7101 | Fax: 404-299-4485
Video Phone: 404-537-1222 | www.aasdweb.com

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

To: _____
Student's Full Name: _____
Date of Birth: _____

I hereby authorize you to release the following records:

_____ IEP (Past and Current)	_____ Vision Exam Report
_____ Medical Report	_____ Ontological Exam Report
_____ Immunization Record	_____ Audiological Report
_____ Social History	_____ Special Education Eligibility Report(s)
_____ Psychological Evaluation	_____ Transcripts/Report Card
_____ Educational Evaluation	_____ Due Process Checklist
_____ Vocational Evaluation	_____ Behavior/Discipline (FBA/BIP) Records
_____ Language/Communication Report	_____ Attendance & Miscellaneous
_____ Occupational Therapy Report	_____ Physical Therapy Report

Please release the above records to:

Atlanta Area School for the Deaf
Attention: Office of Student Records
890 North Indian Creek Drive
Clarkston, Georgia 30021
Fax: 404-298-4874
Email: tahall@doe.k12.ga.us

(You can email attachments of the records to the email address above)

I, the undersigned Parent or Legal Guardian, hereby authorize you to release all confidential, psychological, due process, special education and other records listed above concerning the above named student. This information will be used in the placement and planning of my child's education program. I understand that granting this consent is voluntary on my part. It is understood that the party to whom this information is released will not release it to a third party without my written consent. I understand and agree to the above statement in this Authorization for Release of Confidential Information. This authorization will expire one year from the date that parent signed below.

Printed Name of Self or Parent/Legal Guardian if under 18

Signature of Self or Parent/Legal Guardian if under 18

Date