

## Pearland Independent School District Consent/ Request for Confidential Information

Student Name
Date of Birth
Campus
Grade

We are asking that you authorize the person or agency named below to release/request specified records containing confidential information regarding the above named student to the following school staff person:

**INFORMATION TO BE RELEASED:**

To  From

**INFORMATION TO BE RELEASED:**

To  From

Name and Position  
Address  
Phone  
Fax

Pearland Independent School District  
Office of Special Programs  
P.O. Box 7  
Pearland, TX 77588

For more information, please call:

Marlo Keller 281-485-3203

\_\_\_\_\_  
Name Phone Number

**RECORDS TO BE RELEASED/RECORDS REQUESTED:**

- ARD/IEP Reports
- Special Education Records
- Full Evaluation Report
- Psychological Testing
- Eligibility Reports

Purpose of Disclosure: Request for Homebound Services.

- Speech/Language Assessment
- Medical/Physical Examination and Reports
- Discharge Summary
- Diagnosis Recommendations
- Other: Completion of Homebound Physician Recommendation Form

**Please check the appropriate boxes below:**

Yes  No

I have been fully informed and understand the school's request for my consent as described above. This information will be released /requested upon receipt of my written consent.

Yes  No

I understand that my consent is voluntary and may be revoked at any time.

Yes  No

This authorization includes all verbal communication between the persons/agencies listed above.

Yes  No

I understand that I will be notified in writing of each release of educationally related information.

\_\_\_\_\_  
Signature of Parent/Guardian/Surrogate Parent/Adult Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interpreter, if used

\_\_\_\_\_  
Date