

Request for the Release of

SPECIAL EDUCATION RECORDS

For the Following Student: (Please Print)

NAME: _____

ADDRESS: _____

PHONE #: _____

SOC. SEC. #: _____

I hereby grant permission to the following Special Education Office to release my special education records inclusive of the Full Evaluation including Psychological, Educational/Developmental and Social Evaluations:

Name of High School _____

Guidance Counselor/Child Study Team Member _____

Address _____

Student Signature _____

Date _____

Please forward documentation to:

Administrator, Office of Special Services

Gloucester County College

1400 Tanyard Road

Sewell, NJ 08080

This form is to be completed in its entirety by the student. Please provide your personal information at the top, as well as the appropriate educational/institutional information requested. This form is then to be signed and forwarded, by the student, to the appropriate institution. ****Note: If you are able to obtain the educational records pertaining to the nature of the learning disability, etc., directly from the institution, please bring these records to the Office of Special Services. You do NOT need to submit this 'Special Education Records' form.****