

**EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION
INTERLOCAL #614**

DANIEL WRAY

DIRECTOR

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AUTHORIZATION FOR RELEASE OF INFORMATION

STUDENT:	DOB:
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I, _____, hereby authorize the East Central Kansas Cooperative in Education to acquire/disclose or exchange information to/from:

Agency/Person:

Phone number:

Address:

The following information is being requested:

- Psychological evaluation reports
- Current IEP

The student is in the: **Baldwin Eudora Wellsville School District.**

The purpose and need for such information is to help staff to gather pertinent information in order to plan effectively for the student's educational program and services.

Please send information to (School, Attn, Address):

Signature of student (if 18 or older):
Signature of parent, guardian or authorized Relationship to student representative (if student is under 18)

_____ providing SPECIAL EDUCATION services to:

**Baldwin
U.S.D. #348**

**Wellsville
U.S.D. #289**

**Eudora
U.S.D. #491**