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

DANIEL WRAY **DIRECTOR**

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www.eckce.com

AUTHORIZATION FOR RELEASE OF INFORMATION

RE:	Date:
I hereby authorize the East Cerfollowing information:	ntral Kansas Cooperative in Education to acquire/disclose or exchange the
Specific type of information:	Pre-assessment data Psychological evaluation reports Current IEP Other: Please identify
The student is in thehelp staff to gather pertinent in services.	school district. The purpose and need for such information is to aformation in order to plan effectively for the student's educational program and
Please send information to:	
Signature of student (if 18 or c	older)
Signature of parent, guardian or representative (if student is un	

providing SPECIAL EDUCATION services to:

Baldwin U.S.D. #348

Wellsville U.S.D. #289

Eudora U.S.D. #491