



RELEASE OF CONFIDENTIAL INFORMATION

By signing below, I hereby give my consent for _____, from IN*SOURCE, the Indiana Resource Center for Families with Special Needs, to discuss and/or review _____ (insert Child's name) educational issues with _____ and all other school personnel deemed appropriate.

In addition, I give my consent for the IN*SOURCE representative to receive copies of the following educational records:

_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby release IN*SOURCE and any of its directors, officers, and employees from all claims, actions, demands or judgments created by or arising out of said release of information.

Signed and dated this _____ day of _____, 20____.
(This release is valid for 12 months from this date.)

Printed Name

Signature