

COLUMBUS COUNTY SCHOOLS

817 Washington St., Whiteville, NC 28472

(910) 642-5168

PROGRAMS FOR EXCEPTIONAL CHILDREN

PARENTAL PERMISSION TO OBTAIN OR RELEASE INFORMATION

To ensure that an appropriate education program is offered to your child, we need to have complete information on his/her educational status. We need your permission to obtain information or to release information we have.

State and federal laws and regulations require that any information exchanged must remain confidential and pertain to your child's education. You also have the right to review any records covered by this permission.

Thank you for your cooperation.

Agency: _____

Address: _____

Contact Person: _____

Phone: _____

I hereby authorize Columbus County Schools to release and/or obtain information related to the special education needs of my child. I realize that I may withdraw this permission at any time.

Child's Name: _____

Date of Birth: _____

Parent Signature: _____

Date: _____