## LIVONIA PUBLIC SCHOOLS DEPARTMENT OF STUDENT SERVICES

## RELEASE OF INFORMATION/AUTHORIZATION FOR DISCLOSURE OF INFORMATION

Student Inf	mation:	
Name	Address	
Birthdate		
School/Gra	Telephone	
I authorize	e Livonia Public Schools School District to release/request information in my records to/from:	
Please che	release and/or request	
Name	Agency/School	
Address		
Phone	Fax No	
Please che	specific information to be released/requested:	
- - - - - -	Medical InformationTeacher/Counselor reportsTranscriptsReferralsReport CardsPhone callsPsychological Reports/EvaluationsAssessment DataPsychiatric EvaluationsAttendanceIEP, MET, and Evaluation ReviewsSpeech/Language EvaluationSocial Work Report/EvaluationDisciplinary RecordIntake and Discharge Summary	
_ If sending i	entified information to Livonia Public Schools, please send to:	
g	Department of Student Services Livonia Public Schools 15125 Farmington Road Livonia, Michigan 48154 Phone No. 734-744-2615 Fax No. 734-744-2574  Attention: Maegan Sprow, Director of Student Services	
	Person(s) Requesting Records	
	and Need for Such Release/Request: Educational Planning Grade Placement	
	nary Information	
	ation will expire in one calendar year.	
	mation will be forwarded to appropriate school personnel.	
_	Parent/Guardian Date	
	partment of Student Services Office Use Only: Date ormation forwarded to requesting person	
	Whom Original - Student Service Copies - Parent/Student - Agency	

September 2023 - Agency - School