



MERCER COUNTY SCHOOL

CONSENT FOR RECIPROCAL RELEASE OF RECORDS

To Whom It May Concern:

I authorize and approve the reciprocal release of the following educational evaluations and progress information

_____ Evaluation Information _____ Therapy Plans _____ On-going Progress
_____ Medical Information _____ Diagnosis and History _____ Other

for:

Student Name (First, Middle, Last)	Date of Birth	Grade

between Mercer County Schools and

Agency Name	Mailing Address	e-mail address	Phone

The purpose of this disclosure is to gather information to coordinate educational programming between providers. Information and records should be released to:

Stephanie DeFoor Rogers
Mercer County Schools
510 Perryville Road
Harrodsburg, KY 40330

My signature below constitutes to me that this information will be disclosed only to school personnel who have legitimate interest in my child. I understand that I may inspect this information and/or records if I make application to do so.

Signature of Parent, Guardian or Eligible Student	Date

Home Address	
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