

**Authorization to Release Gifted Records**

**To: Previous school information.**

School: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**You are authorized to release confidential information on the following student:**

**Full Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**These records may be forwarded to:**

**Gifted and Talented Teacher / Facilitator:**

School: \_\_\_\_\_

Address: \_\_\_\_\_

McKinney, TX 750\_\_\_\_\_

FAX: \_\_\_\_\_ (preferred if possible)

**Information to be released:** Any nationally normed testing results, eligibility report, annual assessments, etc.; all information that resulted in the placement of my child in your gifted and talented program.

Please assist in the provision of adequate services for my child by handling this request as quickly as possible.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Date*