



**Student:**

(For office use only)

# Release of Information

**Student Information**

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

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

I understand that **Launch Educational Services, LLC** has an obligation to keep my student's personal information, identifying information, and my student's records confidential. I also understand that I can choose to allow

\_\_\_\_\_ (name of school) to release some of my student's information to certain individuals or agencies with express parental/guardian permission.

I, \_\_\_\_\_, authorize

\_\_\_\_\_ (name of school) to share the following specific information.

<b>Who I want to have my information:</b>	Name: Dr. Sara Amodio Specific Name of Agency: Launch Educational Services, LLC Address: 340 Simmons Street, Erie, CO 80516 Phone Number: 303-585-1535 Email: samodio@launchedservices.com
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The information may be shared:  in person  by mail  by e-mail  
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

<b>What info will be shared:</b>	<i>Official and unofficial student records. Included but not limited to: IEPs, ALPs, 504 Plans, report cards, behavior records, assessment results, portfolio assessment results, etc.</i>
<b>Why I want info shared: (purpose)</b>	<i>To provide background information on student to best develop service plan.</i>

**Release of Information to Launch Educational Services, LLC**

I confirm that this release is valid, and I would like to extend the release for one calendar year or until end of services.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Witness:** \_\_\_\_\_  
 (Parent/Guardian) (School Official)