Release of Information

#### I give my permission for to release the following information:

 Student’s IEP/PEP

 Documentation of disability

 Teachers’ comments/observations

 Test Records

 Accommodations

To:

Literacy Green Bay, 424 S. Monroe Ave. Green Bay, WI 54301

***Per my request, or as a referral for services from the Literacy Council.***

***This release is in effect until the following date or until I cancel the release in writing.***

***Student Signature***

***Agency Representative***

***Date***