



SPECIAL SCHOOL DISTRICT OF ST. LOUIS COUNTY
12110 CLAYTON ROAD
TOWN & COUNTRY, MO 63131
(314) 989-8100

STUDENT INFORMATION EXCHANGE FORM

SSD#	Student	Birthdate
Parent/Guardian or Eligible Student:		
Address:		
City/State/Zip		
Home Telephone:	Business Phone:	

I hereby give my permission for the Special School District of St. Louis County to:

- OBTAIN the following information from: RELEASE the following information to:
- Written Exchange Verbal Exchange Both

Name:	
Attention:	
Address:	Telephone:
City/State/Zip:	Fax:

- Individual Education Program (IEP)
- Evaluation Summary
- Other (Please Specify) _____
- Other (Please Specify) _____

FOR REQUEST TO OBTAIN INFORMATION, please send the above requested information to:

Special School District of St. Louis County	
Department/Region:	Attention:
Address: 12110 Clayton Road	Dept./Region
	Telephone:
City/State/Zip: Town & Country, Missouri 63131	Dept./Region
	Fax:

I understand this authorization is specifically for the records above and is for educational purposes. I further understand that Special School District (SSD) will not release information to any unauthorized person/agency without my written consent. Likewise, I understand that I can obtain an explanation and interpretation of any SSD records by scheduling an appointment with the Student Records Department by calling (314) 989-8170. Unless otherwise revoked, this authorization will expire in one(1) year. Copies of this form and signature(s) are to be considered as valid as the original.

 Parent/Guardian Signature or Eligible Student

 Date

Distribution of copies: *Original* to Releasing Agency
 Pink to SSD Teacher file

Yellow to SSD Pupil Personnel
Goldenrod to Parent/Guardian or Eligible Student