



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

## STUDENT INFORMATION EXCHANGE FORM

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

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

<b>Name:</b>	
<b>Attention:</b>	
<b>Address:</b>	<b>Telephone:</b>
<b>City/State/Zip:</b>	<b>Fax:</b>

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

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

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

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