CHEBOYGAN-OTSEGO-PRESQUE ISLE EDUCATIONAL SERVICE DISTRICT
6065 Learning Lane
Indian River, MI 49749
Phone: (231) 238-9394 Fax: (231) 238-8551

AUTHORIZED RELEASE OF INFORMATION

Name:_____ Parent/Guardian:_____

Date of Birth:_____ Address:_____

_____

Home Phone:_____

I hereby give permission for exchange of information between the Cheboygan-Otsego-Presque Isle Educational Service District and:

Name:_____

Address:_____

I understand that my signature authorizes both parties to exchange any and all pertinent data, including psychometric and psychiatric studies, speech, medical and other information designated as "confidential".

REPORTS REQUESTED:

- ☐ Psychologist
- ☐ Occupational Therapist
- ☐ Medical
- ☐ Speech Therapist
- ☐ Social Worker
- ☐ Physical Therapist
- ☐ Psychiatrist
- ☐ Academic
- ☐ Most recent IEP
- ☐ Teacher Consultant
- ☐ Other_____

I am authorized to release such information as a parent with custody or legally authorized guardian.

_____
Parent/Guardian Signature

_____
Date Signed

_____
Witness

_____
Address

_____
Date Signed

Original: C.O.P. E.S.D. **Copy:** Other Agency Parent/Guardian