

HELEN M. WILCOX ELEMENTARY SCHOOL

5737 Autrey Lane
Oroville, CA 95966
(530)533-7626
(530) 533-6949 (Fax)



Grade: _____

Authorization for the release of information regarding:

_____ **DOB:** _____
Student's Name

Name of last school _____

Address _____

City, State, Zip _____

Phone () _____ **Fax** () _____

I hereby authorize you to release a copy of the official grade reports, test scores, cumulative folder, health records, psychological reports and Special Education IEP's for the above mentioned student to the address above.

I understand the records sent to Helen Wilcox School will be available to review upon request.

Signature of parent or guardian **Date**

My child _____ was participating in or receiving the following services at his/her previous school:

- _____ Special Education – Special Day Class (SDC)
- _____ Special Education – Resource Specialist Program (RSP)
- _____ 504
- _____ Speech
- _____ Bilingual
- _____ GATE
- _____ Indian Education
- _____ Other _____