



Plumsted Township School District

CHILD STUDY TEAM REQUEST FOR STUDENT RECORDS

Has your child ever been referred/evaluated by a Child Study Team?

- YES
- NO

Has your child ever been classified as a Special Education Student?

- YES
- NO

Does your child currently have an Individualized Educational Plan (IEP)?

- YES
- NO

If either answer is yes, please complete the information below:



AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby give permission to release all Special Education documents and information to the Plumsted Township School District Child Study Team concerning my child.

I understand that I have the right to refuse to sign this form, and that I may revoke my consent at any time, except to the extent that information has already been released to the Plumsted Township School District.

SEND TO:

**Mrs. Lynn Kukoda
District Registrar
115 Evergreen Road
New Egypt, NJ 08533**

Student's Name

Student's Date of Birth

Parent/Guardian Signature

Date