

## Records Request

I, \_\_\_\_\_, hereby authorize Mt. Blue RSD, Special Services,  
(Print Your Name)

to release a copy of the following information for \_\_\_\_\_,  
(Print Student's Name)

whose Date of Birth is \_\_\_\_\_.

Please check the appropriate box or boxes

\_\_\_ IEP \_\_\_\_\_ 504 Minutes

\_\_\_ Written Notice \_\_\_\_\_ 504 Plan/Accommodations

\_\_\_ Evaluations (please specify type of evaluation)

Purpose of records disclosure: \_\_\_\_\_

Please mail the records to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Guardian's signature)

\_\_\_\_\_  
(Date)

Mt. Blue Regional School District will not disclose any personally identifiable information from the education records of a student without the prior written consent of the guardian or eligible student. The written consent shall include a specification of the records that may be disclosed, the purpose(s) of the disclosure(s) and the identity of the party or parties to whom the disclosure(s) may be made.