



SPECIAL EDUCATION DEPARTMENT
1403 HONAKER AVENUE
PRINCETON WV 24740
TELEPHONE: 304-487-1551
FAX: 304-425-1840

Authorization form for Consent/Release of Confidential Information

This form, when signed by parent/legal guardian of the student or eligible student, authorizes Mercer County Schools to discuss, during the meeting dated below, confidential records for

Student: _____
Date of Birth: _____

Outside Attendees invited by parent/legal guardian: _____

For the Purpose of: _____

(Signature of Parent/Guardian of student)

(date)

(Mercer County Representative/Witness)

(date)

This request is made pursuant to WV Code 18-2-5, Public Law 103-382 (FERPA) and Public Law 105-17 (IDEA). Consent for release by the parent/guardian/eligible student may be revoked at any time. Records released for the above-named student are confidential.