

**REQUEST AND AUTHORIZATION TO RELEASE**  
**CONFIDENTIAL EDUCATION RECORDS**

I, the undersigned, do hereby request and authorize:

to release the education records of:

\_\_\_\_\_  
NAME OF SCHOOL/EDUCATION AGENCY

\_\_\_\_\_  
NAME OF STUDENT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
STUDENT DATE OF BIRTH

\_\_\_\_\_  
CITY                      STATE                      ZIP

to the **CLAIMS COMMITTEE, c/o Anapol Schwartz, 1710 Spruce Street, Philadelphia, PA 19103.**

“Education records” means all education records and other information created, collected, or maintained by the school/education agency, including but not limited to:

- Attendance records including any truancy notices;
- Disciplinary records, including any incident reports, functional behavioral assessments, and behavior plans;
- Any psychological, psychiatric, educational, or medical evaluations;
- All special education and early intervention records, including Evaluation and Re-evaluation Reports, Permission to Evaluate-Consent Forms, Individualized Education Programs (IEP) or Individualized Family Service Plans (IFSP), and Notices of Recommended Educational Placement (NOREP);
- All Section 504 Accommodation Plans or Chapter 15 Service Agreements;
- Grade reports and progress reports, including any curriculum based assessment and group and individual achievement and ability tests;
- Notes, e-mails, memorandum, and logs maintained by teachers, school psychologists, therapist, counselors, administrators, classroom aides, or any other school system staff in paper, electronic (on computer drive or storage media), or other forms relating to the student; and
- All correspondence (including e-mails), notes, and memorandum relating to the student.

Please promptly send the records to the CLAIMS COMMITTEE at the address above.

\_\_\_\_\_  
Signature of Student  
(if student is 18 years of age or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
(if student is under 18 years of age)

\_\_\_\_\_  
Date