

**Release of Information Form**  
**Maryland State Department of Education**  
**Division of Special Education/Early Intervention Services**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardians \_\_\_\_\_

Address  
(if different from child) \_\_\_\_\_

Phone Numbers *Home* \_\_\_\_\_

*Work* \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Disability, if known \_\_\_\_\_

School currently attending \_\_\_\_\_

Grade \_\_\_\_\_

My child has an:

- Individualized Education Program (IEP)
- Individualized Family Service Plan (IFSP)
- Special Education Services Plan

My child has been tested by:

- Baltimore City Public School System
- Baltimore County Public Schools
- privately at my expense.

My child is currently receiving services:

- privately at my expense
- through the school system

My child is currently not receiving any special services.

Please list type and frequency of all services and where the services are being provided.

I agree to permit the Maryland State Department of Education, Division of Special Education/Early Intervention Services to contact me directly to obtain any additional information, school testing, and to share the information with Center for Jewish Education, Baltimore City or Baltimore County Public Schools, and designated services providers. I understand that this information will be maintained in a confidential manner and will only be used to support appropriate and culturally sensitive special education services for the above-named child.

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Parent/Guardian Signature

Date

***Please return this form by mail to Marjorie Shulbank, Maryland State Department of Education, Division of Special Education/Early Intervention Services, 200 West Baltimore Street, Baltimore, MD 21201 OR by fax to 410-333-8165.***