



# NICOLE HODGE AMEY, ESQ

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Authorization to Release Information of

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

## SOURCE OF INFORMATION

Name: do not fill in \_\_\_\_\_

Address: \_\_\_\_\_

I hereby authorize the above named entity to disclose the following information to NICOLE HODGE AMEY, Attorney or their designated agent(s) to proceed with my child's educational matter.

1. All Evaluations (e.g. Psychological, educational, speech, etc.)
2. All Individualized Education Records
3. All Health Records
4. All Cumulative Records
5. All Disciplinary Records
6. All Stanford, Scores/CAT6 Scores
7. All Personal Attendance records of all TSAs
8. Any and all other records that are directly related to student \_\_\_\_\_

**I authorize you to release** to the Nicole Hodge Amey, Attorney, or their designated agents, any information you may have in your possession relative to psychological, medical and educational history. This Authorization for the Release of Education Information is valid for one year from the date signed.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date