

**ROWAN COLLEGE AT GLOUCESTER COUNTY**  
**DEPARTMENT OF SPECIAL SERVICES**  
1400 TANYARD ROAD  
SEWELL, NJ 08080

**Request for the Release of Information/Authorization of**  
**SPECIAL EDUCATION RECORDS**  
**FOR THE FOLLOWING STUDENT**

**STUDENT'S NAME:** \_\_\_\_\_  
Please Print in Ink

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**SOC. SEC. #:** \_\_\_\_\_

*This Release of Information Authorization Form is to be completed and submitted to the Child Study Team or Guidance Counselor (if records have not already been obtained). If records have been obtained, please bring them to the Department of Special Services.*

I hereby grant permission to the Special Education Office of

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Guidance Counselor/Child Study Team Member

\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_

to release my special education records inclusive of the **Full Evaluation** including **Psychological, Educational/Developmental** and **Social Evaluations**. Please forward to:

**Rowan College at Gloucester County**  
**Department of Special Services**  
**1400 Tanyard Road**  
**Sewell, NJ 08080**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(If student is under the age of 18, parent or guardian please sign also)

\_\_\_\_\_  
Date

\_\_\_\_\_  
RCGC Official Signature