

THE S.T.E.P. GROUP
School Testing & Educational Placement

RELEASE OF INFORMATION
(School Records)

I hereby authorize _____
(School)

to release any and all information including school transcripts, achievement or psychological testing, IEP's or any other information requested below regarding your student named _____, whose date of birth is _____ to The Step Group.

Please fax the following requested records to The Step Group at **(818) 996-4024**:

School Transcript

Achievement Testing

Psychological Testing

Individualized Education Plan (IEP)

Disciplinary Reports

Other: _____

Signature of Parent/Guardian or Student (if over 18 years old):

Date of Signature:
