

Richland County School District One  
**Special Education Department**  
1225 Oak Street  
Columbia, SC 29204

Phone: (803)231-6778

Fax: (803)231-6790

**REQUEST/RELEASE**  
*CONFIDENTIAL INFORMATION*

**Address for Requesting Records**

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**Send Records To:**

**Wanda Foust, Records  
C/O Marilyn Davis, Executive Director  
Richland School District One  
Special Education Department  
1225 Oak Street, Columbia, SC 29204**

**Student:**

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**Birthdate:**

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**Parent(s):**

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**Current Address:**

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**School:**

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**Purpose of Request/Release:**

To determine eligibility for special education placement

Other

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**Information Needed:**

Psychological

Placement Form

IEP

Social History

Vision

Medical Records

Speech & Hearing Screening

Permission to Evaluate

Other:

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My signature below authorizes Richland School District One to request/release all personally identifiable data such as psychological and academic test results and medical information, in reference to my child.

I also give my permission for Richland School District One to utilize these reports to ensure the most appropriate educational placement for my child.

**Signature of Parent/Guardian:**

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**Date:**

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**Requested by:**

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