

**Agawam Public Schools  
Department of Special Services**

760 COOPER STREET  
AGAWAM MA 01001  
Tel: 413-821-0540  
Fax: 413-821-0539

DATE : \_\_\_\_\_

RE: Record Release

I, \_\_\_\_\_ hereby authorize the Agawam Department of Special Services, to release to myself (*or authorized parent/guardian*), my **entire** Special Services record/folder(s).

I further understand that by authorizing, signing and accepting this release, my records will **no longer remain on file in the Agawam Special Services Department.**

Students ages 18 and older must request and collect their own file, unless they have provided written authorization for another party to collect the file.

\*Upon receiving your file, it is highly recommended that you keep the file/records in a safe (*fire-proof, water-proof*) place, as you are now in possession of the sole file in its entirety.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of authorized person you are releasing your record to, if applicable

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date