

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Lexington County School District One wishes to **obtain** full special education information regarding:

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Please include a copy of the current IEP, psychological report, reevaluation records, health and developmental history, educational, speech and medical records, which may be helpful in planning for and facilitating his/her educational placement in the school program.

**Send records to:** Dr. Wendy Balough  
 Director of Special Services  
 Lexington School District One  
 Post Office Box 1869  
 Lexington, SC 29071-1869

**Fax Records to:** 803-821-1281  
**Email records to:** [erondeau@lexington1.net](mailto:erondeau@lexington1.net)

To contact the Records Secretary, please call 803-821-1107.

**Federal Law 99.31: No parent signature is required for educational records sent to another educational agency.  
 Please return a copy of this request with records.**

\_\_\_\_\_  
 (School attending/requesting records)

\_\_\_\_\_  
 Date of Request

This is to authorize Lexington County School District One to **release** information to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Regarding the student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

It is understood that this information is to be kept in the strictest professional confidence.

\_\_\_\_\_  
 Signature of Parent /Guardian  
 (Student if 18 or older)

\_\_\_\_\_  
 Date

08/07/2015

LEXINGTON COUNTY SCHOOL DISTRICT ONE

PARENTAL CONSENT FOR PLACEMENT

Your child, \_\_\_\_\_ has been recommended  
(student's name)

for placement as a student with \_\_\_\_\_  
(disability or impairment)

in a \_\_\_\_\_  
(model or classroom setting)

\_\_\_\_\_ **I give permission** for the placement of my child as described above and I have been given a Parent Handbook to Special Education and understand the written explanations of my due process rights under state and federal law.

\_\_\_\_\_ **I do not give permission** for the placement of my child as described above and I have been given a Parent Handbook to Special Education and understand the written explanations of my due process rights under state and federal law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I am the {check one}      Parent {   }  
    Legal Guardian {   }  
    Surrogate Parent {   }