

*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:

\_\_\_\_\_