



Michael L. Parson, Governor

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL SCHOOL RECORDS

I hereby give permission for the _____ School District to release the information requested below. This information shall be used by the Northeast Missouri Workforce Development Board and/or its subcontractors to help in identifying youth eligible for participation in the Youth Program under the Workforce Innovation and Opportunity Act (WIOA). All information released is confidential.

Parent Signature

Date

Participant Signature

I have reviewed the student records of _____ and have provided the following information.

1. Is the student enrolled in a special education program?
YES _____ No _____

2. If enrolled in a special education program, and has a current IEP on file for one of the following specific disabilities, please check the specific condition. I certify this (these) disability (ies) constitute(s) a substantial barrier to his/her employment.
____ a. Specific Learning Disability
____ b. Mental Retardation
____ c. Behavioral Disorders/Emotionally Disturbed
____ d. Visually Impaired
____ e. Speech/Language Disorders
____ f. Hearing Impaired
____ g. Physically Impaired/Other Health Impaired
____ h. Multi-disabilities
____ i. Deaf/Blind
____ j. Autistic
____ k. Traumatic Brain Injury

3. Does the student show a basic skill deficiency, i.e., achieving less than 8.9 grade level in reading, math, and/or language? YES _____ NO _____

Certified Personnel

Date