

GATES SCHOOL
c/o Stephanie Sams
3003 Dunes West Blvd, Ste. 2
Mount Pleasant, SC 29466
email: dyslexiacharter@gmail.com

AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

DATE: _____

TO: _____

Student: _____

Date of Birth: _____

I hereby request and authorize: _____

to engage in verbal and/or written communication with Gates School and release records to Gates School, 3003 Dunes West Blvd, Suite 3, Mount Pleasant, SC 29466, email: dyslexiacharter@gmail.com. Please note: Attn: Admissions Team for the purpose of screening and aiding in appropriate educational decisions

Records may include and I request results be sent of (please check):

- Psychological/psychoeducational Evaluation
- Speech/Language Evaluation
- Individual Education Plan (IEP)/LRE
- 504 Plan with services/accommodations
- MTSS/RTI documentation of reading intervention
- Report card or other documentation from previous public or private schools indicating below grade specific standard in reading
- MAP scores, state assessments, teacher report, student work samples
- FastBridge Learning
- AIMSweb results
- Physician's report with diagnosis consistent with dyslexia
- FBA/BIP

I acknowledge that all information I authorize to be released or requested will be held strictly confidential and cannot be released without this written consent. I understand this authorization will expire one (1) year after the date signed or on _____ whichever is earlier. I further understand I may withdraw my consent in writing at any time.

Parent/Guardian name: _____

Parent/Guardian signature: _____

Relationship to Student: _____ Date: _____