



Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

AUTHORIZATION AND REQUEST FOR EXCHANGE OF INFORMATION

I hereby request and authorize professional personnel of the Sacramento City Unified
School District and _____

(address) _____

the exchange of medical, psychiatric, psychological, educational, and / or social and
family information in their possession pertaining to the student / family named below for
the purpose of assisting in the educational planning and guidance of my child and

dress:

City / Zip:

Phone: