

# DeKalb County Regional Office of Education

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## Authorization to Release Documents

I, (print name) \_\_\_\_\_

authorize the release of my documents to:

(ROE) \_\_\_\_\_

\_\_\_ Fingerprint results

\_\_\_ Copy of Physician Statement/TB Results

\_\_\_ Copy of Transcripts

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