



LOC ID# _____

Date: _____

Date of Birth: _____

Child's Name: _____

Parent/Guardian Name: _____

Dear _____:

(School District)

Your patient is currently enrolled in the Lower Columbia College Head Start/EHS/ECEAP Program. At this time, program staff and I are requesting the following:

- ☐ Parent Consent for Evaluation
- ☐ Evaluation Summary (DOE)
- ☐ IEP Meeting Invitation
- ☐ IEP Records
- ☐ IEP At A Glance

Included with this letter is a completed Release of Information form signed and dated by the child's parent/guardian. Please send the requested information to my attention at:

**LCC Head Start/EHS/ECEAP
P.O. Box 3010
Longview, WA. 98632**

OR

**Fax to (360) 442-2819
email: headstart.info@lowercolumbia.edu**

Your time and assistance regarding this matter are greatly appreciated. I look forward to your reply.

Sincerely,

LCC Head Start/EHS/ECEAP
Education Staff

Fax Date & Staff Member Initials: _____

(C: 01/07; R: 07/25)