



RELEASE OF INFORMATION FORM

TO:
Boys Town National Research Hospital
EIPA Diagnostic Center
c/o Sandy Woods, Administrative Coordinator
555 North 30th Street
Omaha, NE 68131
Telephone: 402-452-5033
Fax: 402-452-5028

FROM:
Candidate Name: _____
EIPA Date of Evaluation: _____
Location of Evaluation: _____
Address: _____
City, State, Zip: _____
Phone: _____
E-mail: _____

As an Educational Interpreter, I have taken the Educational Interpreter Performance Assessment. I am authorizing that a copy of my report or scores also be given to:

Name: Michigan Department of Education
School or Agency: Low Incidence Outreach
Attn: Stacy Guthrie, Secretary
Address: 702 West Kalamazoo Street
Address: P.O. Box 30742
City, State, Zip: Lansing, Michigan 48909-8242

Note: At the time of the original report mailing, only one copy will be sent to an agency or school, with the original report to the candidate. The report is the property of the candidate and may be copied as they see necessary after receipt. Any other copies from EIPA will require a \$10 fee with request.

Candidate's Signature

Date