



RELEASE OF INFORMATION

As the parent/legal guardian of the below named student under 18 years of age, freely give my consent to release information on:

FULL LEGAL NAME OF STUDENT

_____	_____	_____	____/____/____
Last	First	Initial	Birth Date

INFORMATION TO BE RELEASED FROM:

_____	_____
Receiving Agency or Institution's Name	Attention – Receiving Individual

_____	_____	_____	_____
Address	City	State	Zip

INFORMATION TO BE RELEASED TO:

_____	_____
Receiving Agency or Institution's Name	Attention – Receiving Individual

_____	_____	_____	_____
Address	City	State	Zip

On-going information may be shared between the parties listed above for the remainder of this school year.

INFORMATION TO BE RELEASED:

- Elementary Grades
- Standardized Test Scores
- Current Grades and Attendance
- Teacher/Counselor Observations
- Immunizations, Hearing, Vision Test
- Birth Certificate
- Psychological Evaluation (s)
- Special Education (IEP-MDT)
- I.Q. Test Results
- Discipline
- Other data (specify)

_____	____/____/____	_____
Signature of Parent/Legal Guardian	Date	Telephone

_____	_____	_____	_____
Street Address	City	State	Zip