

Having been advised of the request for information by: _____

(Name of person or agency requesting confidential information)

I hereby authorize: _____

to release the appropriate information and records for:

(Name of Student)

(Name of Principal and School)

Dated this _____ day of _____, 20_____

I confirm that I have the authority to sign this consent and will inform any other parent or guardian of the contents of this consent and the fact that it has been signed.

Signature of Parent/Guardian

Signature of Student