

PERMISSION FOR RELEASE OF STUDENT INFORMATION

You are hereby authorized to release records to:

(Accepting School Info Here)

PLEASE SEND **ALL** RECORDS (TEST SCORES, IEP'S, EVALUATIONS, HEALTH RECORDS AND OTHER AVAILABLE DATA) ON THE FOLLOWING STUDENT(S) WHO HAVE ENROLLED IN OUR SCHOOL.

NAME OF STUDENT	GRADE	DATE OF BIRTH

SCHOOL LAST ATTENDED					
NAME OF SCHOOL:					
STREET:					
CITY:		STATE:		ZIP:	
PHONE:		FAX:			

Signature of Parent/Guardian	Date

