

CONSENT FOR RELEASE OF INFORMATION

Please print

Full Name of Student _____

Date of Birth _____

I hereby authorize:

Previous School _____

Address _____

to release all educational records concerning my child including:

an up-to-date transcript and/or report card

grading scale

test scores

discipline records

health and attendance records

I.E.P., if applicable

psychological and social history information, if applicable

To: Current School _____

Address _____

Signature of Parent or Guardian

Date

Street Address

Daytime Telephone

City State Zip

Cell Phone