AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to release the following information:

|  |  |
| --- | --- |
| *REPORT* | *DATE* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

On:

|  |  |
| --- | --- |
| STUDENT’S NAME | BIRTHDATE |
|  |  |

To:

|  |
| --- |
|  |

*This consent expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or 60 days after release signed.*

|  |  |
| --- | --- |
| PARENT/GUARDIAN SIGNATURE: |  |
| DATE: |  |
| WITNESS: |  |

\\Eleanor\c\My Documents\Forms\Release Forms\Third Party Release.doc