



AUTHORIZATION FOR RELEASE OF INFORMATION

(consent is valid for one year from signing date)

Date: _____

Re: Student _____

Birth Date _____

Consent

- Permission is granted for the release and exchange of information regarding the above named student for the purposes of developing a better understanding of the student, and to assist in the developing of appropriate academic, social and behavioural programming.
- I understand and give permission for these people to attend planning meetings with me.
- I understand that I may add or remove any names from this list at any time, or specify any limitation to this consent.

Parent /Guardian, person authorized to sign:

Print name

Signature

School Staff making request _____

Person/Agency contacts:

Person _____ Phone _____ Fax _____

Agency _____ Address _____

Person _____ Phone _____ Fax _____

Agency _____ Address _____

Person _____ Phone _____ Fax _____

Agency _____ Address _____

Person _____ Phone _____ Fax _____

Agency _____ Address _____

Person _____ Phone _____ Fax _____

Agency _____ Address _____

School Personnel requesting information/consultation:

Name: _____ Position: _____

Address: _____

Telephone: _____ Fax: _____