
**Permission for Receiving
And/or
Releasing Information**

On behalf of _____ (name of student), whose
date of birth is _____, I request and authorize
the following individual(s) or organization(s):

to release the following information:

to the following individual(s)/organization(s):

I give my consent for this personal information to be disclosed for the following purposes:

Name: _____ Relationship to student: _____

Signature: _____

Date signed: _____