

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

To:

STUDENT:

DOB:

Purpose of Request:

Information Needed:

- My signature authorizes the above to release the requested information in reference to my child,

This authorization applies for the following time period: _____ to _____

- I understand that I can revoke this authorization at any time effective immediately.

Signature of Parent/Guardian/Surrogate: _____

Date signed: _____

Relationship to student: _____

Requested by: _____