

RELEASE OF INFORMATION

Date _____

Child's Name _____ Date of Birth _____

Name and Address of School Transferring From:

I hereby authorize that the information listed below regarding my child be sent to our current school listed on this letterhead. I understand that this information will be treated in a professional manner and considered confidential in nature.

_____ Permanent Records

_____ Psychological Records

_____ Medical Records

_____ Special Education File

_____ Grades

_____ Standardized Test Results

_____ Attendance

_____ Other _____

Parent/Guardian Signature

Date

Street Address

City

State

Zip