

**RELEASE OF INFORMATION CONSENT FORM**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(student or parent/guardian name) (name of individual/school disclosing information)

to disclose to \_\_\_\_\_  
(name or title of individual/organization to whom the information is to be disclosed)

the following specific information from my record: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

This consent to disclose information may be revoked by me at any time, except to the extent that action has already been taken in reliance thereupon.

This consent, unless expressly revoked earlier, expires upon (specify the date, event and/or condition upon which consent expires):

Date: \_\_\_\_\_ Event and/or condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Specify Relationship of Legal Representative: \_\_\_\_\_