



**RELEASE OF INFORMATION**

To / From:	
From /To:	
Student Name:	

I give my permission for the release of reports about my child to the above named person/agency. I understand that these reports will be held in strict professional confidence, and are being shared so that those working with my child can have a better understanding of his/her needs.

Parent / Guardian Signature:			
Date:			
	(m)	(d)	(y)