

## Release of Information

School policy stipulates that no student information can be shared with an organization or person without the consent of the affected student (if he/she is a least 18 years of age) or the parent/guardian (if the student is less than 18 years of age). Consequently, until we receive proper authorized signatures on the form below, we cannot send or discuss any information regarding the student in question.

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

I hereby grant permission to engage in verbal and/or written communication and release the following student information to the person/organization listed below:

- Attendance
- Diploma Verification
- Class Schedule
- Student Transcript/Records
- Financial Aid
- Student account information
- Other \_\_\_\_\_

Individual/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Individual/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

\_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_