

## Consent for the Release/Obtain Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

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

Primary Phone Number: \_\_\_\_\_

I authorize The Liberty School to release/obtain information from and communicate with:

Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please select the information you would like released.

\_\_\_\_\_ Assessments and recommendations by the above-named person or agency

\_\_\_\_\_ Academic records

\_\_\_\_\_ Verbal communication

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

I understand that all information is confidential and cannot be released without written permission of the parent or legal guardian.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date School Received \_\_\_\_\_

Relationship to the Student \_\_\_\_\_