

**Access to Pupil Information**  
**Consent to Disclose Personal Information to Parent(s)/Guardian(s)**

<b>STUDENT INFORMATION</b>	
<b>Legal Last Name</b>	
<b>First Name/Middle Initial</b>	
<b>Birthdate</b>	

- I authorize \_\_\_\_\_ (name of school) to release school-related information, such as academic progress, attendance records, conduct reports and medical information specific to my Individual Health Care Plan and/or Emergency Response Plan to my parent(s)/guardian(s).
- I DO NOT authorize \_\_\_\_\_ (name of school) to release school-related information, such as academic progress, attendance records, conduct reports and medical information specific to my Individual Health Care Plan and/or Emergency Response Plan to my parent(s)/guardian(s).

<b>PARENT/GUARDIAN INFORMATION</b>	
<b>Parent/Guardian Name</b>	
<b>Street Address</b>	
<b>City/Postal Code</b>	
<b>Telephone Number</b>	

<b>Student Signature</b>	<b>Date</b>
<b>Witness Signature (18 years or older)</b>	<b>Date</b>

**Note:** This release form must be signed on or after the student's 18th birthday and returned to the School Administration Office.