



CONSENT TO RELEASE INFORMATION TO A THIRD PARTY

Date: _____

I _____
LEGAL NAME IN FULL - INCLUDE MAIDEN NAME IF APPLICABLE DATE OF BIRTH

Of _____
ADDRESS PHONE NUMBER

Hereby consent to the release or transmittal of my school record(s) to:

FULL NAME RELATIONSHIP

The last school I attended was: _____
NAME OF SCHOOL

Signature of Student: _____

Date: _____