



Insert School Name: _____

Insert School Address: _____

Insert School Telephone/Fax Number: _____

Release of Information FROM the Western School District

I hereby request and consent that the Western School District: (check (A) and/or (B))

_____ (A) provide access to and disclosure of

_____ (B) forward a copy of

information in the Western School District's records concerning _____

(Student Name)

_____ *(DOB: dd/mm/yy)*

_____ *(State name, title and address of recipient of information)*

(NB: a separate form is required for each agency)

Information Requested: _____

(Accurate description of information to be released)

Reason for Request: _____

(State purpose of request)

I, the undersigned, understand fully why this information is to be provided.

This consent for release of information continues to be in effect from the date of signing for a period of one year or until revoked in writing by me in a letter addressed and delivered to the Director of Education, Western School District.

(Signature of Parent/Legal Guardian/Student of Legal Age)

(Date of Signing [dd/mm/yyyy])

(Print or type Name of Parent/Legal Guardian/Student of Legal Age)

(Signature of Witness)

(Address)

(Print or Type Name of Witness)

(Relationship to Student)

- Copy to Student