



Insert School Name: _____

Insert School Address: _____

Insert School Telephone/Fax Number: _____

Release of Information TO the Western School District

I hereby authorize and direct that:

(Name and title of party holding information that is to be provided to the Western School District)

(Check A, B and/or C):

- _____ (A) provide access to and disclosure of
- _____ (B) forward a copy of
- _____ (C) assist the Western School District by discussing and interpreting

information concerning _____
(Student Name and Date of Birth [dd/mm/yyyy])

to _____
(Name and title of Western School employee to whom information is to be released and name of receiving school)

For use by the Western School District.

Information Requested: _____

(Accurate description of information to be released)

Reason for Request: _____

(Clear statement of the purpose of request)

I, the undersigned, understand fully why this information is being requested.

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)

PLEASE NOTE: Information is to be sent to the designated school within the district NOT to the Western School District Office.
- Copy to Student