

ACCESS TO PUPIL INFORMATION
Pupils 18 Years of Age or Older

Consent to Disclose Personal Information to Parents/Guardians

_____	_____	_____
Student's Legal Last Name	First Name	Middle Initial
Date of Birth _____		
_____	_____	_____
Year	Month	Day

- I give _____ permission to release school-related
(name of school)
- information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).
- I do not give _____ permission to release school-related information,
(name of school)
- related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Town: _____	Postal Code: _____	Phone #: _____
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Dated this _____ day of _____, 20 ____.

Student Signature: _____

Witness (18 years or older): _____

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