



Consent to Disclose Personal Information  
to Parents/Guardians of Students  
18 Years of Age or Older  
Administrative Procedure 1.A.160B

1.0 School Administration  
1.A. Foundations

\_\_\_\_\_

Student's Legal Last Name	First Name	Middle Initial
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Date of Birth: \_\_\_\_\_

Year	Month	Day
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I give \_\_\_\_\_ (school) permission to release school related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Mailing Address: \_\_\_\_\_

Parent/Guardian Physical Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Student Signature: \_\_\_\_\_

Witness (18 years or older): \_\_\_\_\_

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