



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 |
|---------------------------|------------|----------------|

Date of Birth: \_\_\_\_\_

|      |       |     |
|------|-------|-----|
| Year | Month | Day |
|------|-------|-----|

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: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

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.**