



PERMISSION FOR RELEASE/EXCHANGE OF STUDENT RECORDS
(Appendix 19)

DATE: _____

I hereby authorize the School Board of Charlotte County to release and/or receive the following information:

- Academic _____
- Psychological _____
- Behavioral _____
- Medical _____
- Verbal Communication _____
- Other _____

Regarding my child: _____ DOB: _____

Address: _____ SS# (optional): _____

This release is valid for one (1) year. Photocopies of this release are valid.

Authorized Signature Date

Printed Signature Relationship

Home Phone Cell Phone

Written information released to above on: _____
Date