

CONSENT FOR RELEASE OF INFORMATION
(Release between Albemarle County Public Schools and Outside Agency)

Full Legal Name of Student: _____

Date of Birth: ____/____/____

I hereby authorize an exchange of confidential information between Albemarle County Public Schools and the following outside agency:

Outside Agency

Address of Agency

Contact/Telephone number

My child is enrolled at the following Albemarle County School:

School

Address of School

Contact/Telephone number

This release extends to pertinent medical, psychological, sociocultural, and educational information. The designation of one or more contact persons is to facilitate communication and does not restrict access of information to the person(s) indicated unless so specified.

Signature of Parent/Guardian

_____/_____/_____
Date

Signature of Student
(as necessary/appropriate)

_____/_____/_____
Date

Address and Telephone number (optional)