



09/06/2011

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**Permission for Receiving  
And/or  
Releasing Information**

**On behalf of \_\_\_\_\_ (name of student), whose  
date of birth is \_\_\_\_\_, I request and authorize  
the following individual(s) or organization(s):**

\_\_\_\_\_  
\_\_\_\_\_

**to release the following information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**to the following individual(s)/organization(s):**

\_\_\_\_\_  
\_\_\_\_\_

**I give my consent for this personal information to be disclosed for the following purposes:**

\_\_\_\_\_  
\_\_\_\_\_

**Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_**

**Signature: \_\_\_\_\_**

**Date signed: \_\_\_\_\_**