

RELEASE OF INFORMATION

I hereby give my permission for the Chelsea Public School Support Staff to exchange information with _____ of _____ regarding _____ (STUDENT NAME)

Date of Birth _____

This exchange is for the purpose of:

- _____ Facilitating treatment
- _____ Contributing to the development and/or implementation of a student academic plan
- _____ Other (please specify) _____

PARENT SIGNATURE

DATE

WITNESS

DATE

_____ Date Release Expires