

WEBER SCHOOL DISTRICT

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of information regarding my child/ward between the persons/agencies listed below.

This release will be in effect until _____.

Student's Name _____.

Student's Birth Date _____.

SEND to and FROM: Person/Agency/School _____.

Address _____.

SEND to and FROM: Person/Agency/School _____.

Address _____.

Information that is to be sent/shared: Written Verbal

Psychological (including test data) _____.

Social _____.

Medical _____.

Educational (grades, grade point average, class rank, record of extra curricular activities) _____.

_____.

Treatment Plan _____.

Other _____.

Parent/Guardian Signature

Date