



AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name _____

Student Date of Birth _____

I authorize the Weber School District to release and/or receive information, including academic, special education, medical, social, behavioral, and psychological regarding my child between the persons/agencies listed below:

Name of Agency/Individual _____

Address _____

Phone Number _____

Fax Number _____

Email Address _____

Parent Signature _____

Date _____

Please check one:

This is a one-time release

This release expires on _____