



THIRD PARTY RELEASE OF INFORMATION

I hereby authorize _____

to release the following information:

<i>REPORTS/CONSULTS/DOCUMENTS</i>	<i>DATE</i>

On:

<i>STUDENT'S NAME</i>	<i>BIRTHDATE</i>

To: (outside professional) _____

This consent expires on _____ or 60 days after release signed.

Parent/Guardian Signature _____

Witness _____ Date _____

**School teams: Parent/Guardians are to sign this form to share documents with outside professionals, or to have consultations with our district. Please submit this signed authorization with district screening documents to be reviewed by Inclusive Learning staff.*