

Consent for Disclosure of Records

I hereby authorize the release of any and all information, including student assessments pertaining to _____; his/her personal history, school history, or physical and mental condition; by schools, appropriate persons, to YourStudent.com

I further authorize the release of any such information by YourStudent.com to such agencies or persons, as YourStudent.com may deem appropriate.

I understand that any information that may be released or received by the above sources concerning the name of the above named child is intended to be kept confidential and will be used for the purpose of planning and delivering appropriate services for the child.

Parent/Guardian Signature: _____

Relationship to Child: _____

Date: _____

Parent/Guardian, please provide all updated contact information below so YourStudent.com and affiliated school can best communicate to you and your student throughout the year. Your contact information will be used to help communicate student records that may correlate to student career and academic performance. By signing above the parent/guardian verifies all information below is correct.

Student First Name:

Student Last Name:

Student Cell Phone:

Student Email:

Parent/Guardian #1 First Name:

Parent/Guardian #1 Last Name:

Parent/Guardian #1 Cell Phone:

Parent/Guardian #1 Email:

Parent/Guardian #2 First Name:

Parent/Guardian #2 Last Name:

Parent/Guardian #2 Cell Phone:

Parent/Guardian #2 Email:
