

Birmingham Community Charter High School
Parent Authorization For Release of Information

Date: _____

To the Parent(s) of _____,

We are requesting your written authorization for release for information from the individual, agency, or institution indicated below.

The information received shall be reviewed only be appropriate professionals in accordance with the Family Educational Rights and Privacy Act of 1974.

To: _____

Name

Re: _____

Student (Last name) (First)

Date of Birth: ____ / ____ / ____

Agency, Institution, or Department

Street Address

Street Address

City State Zip

City State Zip

Phone Number: _____

I hereby give you permission to release the following information:

- Medical/Health Speech/Language Psychological
 Educational Other _____

The information will be used to assist in determining the educational needs of the student.

This information is to be released to:

_____	_____
Name	Position
17000 Haynes Street	
Street Address	
Lake Balboa	CA 91406
City	State Zip

This authorization shall be valid until _____ unless revoked earlier.

I request a copy of this authorization Yes No

Signature: _____ Date: _____

Parent/Legal Guardian