



# Union County Educational Services Commission

## Authorization for Exchange of Information

### 2023 – 2024 School Year

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

This release gives (Name of School) \_\_\_\_\_ and its agents the authority to exchange information as it deems professionally and educationally necessary with the following:

Please list, as appropriate, physicians, therapists, agencies, consultants, and/or other service providers:

Name _____ Title _____ Address _____ Phone _____	Name _____ Title _____ Address _____ Phone _____
Name _____ Title _____ Address _____ Phone _____	Name _____ Title _____ Address _____ Phone _____

Please indicate **ONE** of the following:

The undersigned understands that this release of information is for the 2023 - 2024 school year.

**OR**

The undersigned understands that this release of information is from \_\_\_\_\_ to \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(Please print)*

**Parent Signature** \_\_\_\_\_