

## RELEASE OF INFORMATION

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) / Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Please sign and date the form below to authorize the release of information on your child.

*\*I give my consent and/or authorization for the following school/agency to release all pertinent information regarding my child listed above. I understand that this information may include, but is not limited to, academic records, teacher notes, counselor notes, discipline records, attendance records, special education/504 records, etc. Records may be disclosed either in writing or verbally.*

### Release of information from:

School/Agency \_\_\_\_\_ Moody Jr. High School \_\_\_\_\_

Address \_\_\_\_\_ 600 High School Drive \_\_\_\_\_

City \_\_\_\_\_ Moody \_\_\_\_\_ State \_\_\_\_\_ AL \_\_\_\_\_ Zip \_\_\_\_\_ 35004 \_\_\_\_\_

Phone \_\_\_\_\_ (205) 640-2040 \_\_\_\_\_ Fax \_\_\_\_\_ (205) 640-3036 \_\_\_\_\_

### Please send my child's records to / discuss my child's records with:

School/Agency \_\_\_\_\_

Department/Name \_\_\_\_\_

Address \_\_\_\_\_

Please exclude the following information from being released: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_