



Union County Educational Services Commission

Authorization for Exchange of Information 2024 – 2025 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 2024 - 2025 school year.

OR

The undersigned understands that this release of information is from _____ to _____

Parent Name _____ **Date** _____

(Please print)

Parent Signature _____