

Information Release Authorization

RE: _____
(Student Name)

Date of Birth: _____

I hereby authorize Mercer Area Elementary School to Release information to and/or obtain information from:

(Name of Preschool)

The purpose of this release authorization is to aid in the assessment and coordination of service delivery. Information to include the following:

- School Records/Reports Verbal Communications
 Progress Notes/Reports Other: _____

This release will be valid for the period: 3/25/2025 to 3/24/2026

A photocopy of this authorization will be considered valid. All information will be held in strict confidence as protected by law. My signature below indicates that I understand the nature of this release.

_____ Yes, I authorize this Release of Information

Parent/Guardian: _____ Date: _____

OR

_____ No, I do not authorize this Release of Information.

Parent/Guardian: _____ Date: _____

School Representative: _____ Date: _____