

Gates County Public Schools
Exceptional Children's Programs

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Information to be released by:

Agency/School: _____

Address: _____

Telephone: _____ Fax: _____

Name/Position: _____

Information to be released to:

Agency/School: _____

Address: _____

Telephone: _____ Fax: _____

Name/Position: _____

Information to be released:

I give my permission for the information above regarding this student
_____, date of birth _____ to be released as
indicated.

___ I also give my permission for the exchange of information (oral and/or
written) between the above named agencies/schools.

Parent's Signature

Date