



Pineland Learning Center

Educating. Empowering. Transforming.

520 N. Fourth Street, Bldg. I • Vineland, N.J. 08360

Phone: 856-378-5020 • Fax: 856-378-5025 • www.pinelandschool.org

CONSENT TO RELEASE/OBTAIN INFORMATION

Student Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Relationship to Student: _____

Address: _____

Home Number: _____ Cell Phone Number: _____

I authorize Pineland Learning Center to release information to obtain information from and communicate with:

Agency: _____ Name/Title of Contact Person: _____

Address: _____

Phone # _____ Fax # _____

I understand that all information is confidential and cannot be released without my written permission.

This authorization will expire one year from the date of the signature below. I understand that I can revoke this authorization at any time by writing to the provider or to Pineland Learning Center, but that revoking this authorization will not affect disclosures made or actions taken before the revocation is received.

Parent/Guardian Signature

Date

Relationship to Student