



**CONSENT TO DISCLOSE PERSONAL INFORMATION TO  
PARENTS/GUARDIANS**

**AGE OF MAJORITY  
Students 18 years of Age or Older**

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

☐ I give \_\_\_\_\_ School permission to release school-related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City & Postal Code: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

☐ I would like to access my student records and school-related information, such as academic progress, attendance records and conduct reports.

Student Cell Phone Number: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

☐ I do not give \_\_\_\_\_ School permission to release school-related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).

Student Signature: \_\_\_\_\_

Witness (Must be 18 years or older) \_\_\_\_\_

Date of Receipt by School Administrator \_\_\_\_\_ Initials \_\_\_\_\_

This release form must be signed on or after the student's 18<sup>th</sup> birthday and returned to the School Administration Office.