

**ONslow COUNTY SCHOOLS**  
**P.O. Box 99, Jacksonville, NC 28540**

**AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name/Address of agency to <b>release</b> information: _____ _____ _____ _____	Name/Address of agency to <b>receive</b> information: _____ _____ _____ _____
Telephone: _____	Telephone: _____
Information requested:  Medical _____ Psychological _____ Educational _____ Speech _____ Social _____ Other (specify) _____ _____ _____	Purpose for which the information is to be released:  Educational Placement _____ Educational Planning _____ Behavior Management _____ Referral Information _____ File Copy for Parent _____ Other (specify) _____ _____ _____

I hereby request and authorize the above named agency, organization or individual to release information, as specified, to the agency, organization or individual designated to receive the information. I understand that I may schedule an appointment with a school official to review/interpret the information for me.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Relationship to Student

Authorization for Release Sent:  
 1<sup>st</sup> Request \_\_\_\_\_  
 2<sup>nd</sup> Request \_\_\_\_\_