



Authorization to Release Information

Today's Date: _____

Student's Name: _____ Grade: _____

Parent/Guardian Name: _____

I, the parent/guardian of the aforementioned student, grant Honey Creek permission to speak with and share information about my child with the following organization and individuals:

Name of Organization: _____

Authorized Individuals: _____

or Check Here if all/any staff of the above organization are authorized to receive information.

Check all that apply:

Any/all school-related information and records

Only IEP/special education records

Only academic records

Only behavioral records

Other: _____

Parent/Guardian Signature: _____ Date: _____