

Public Schools of Robeson County
Consent for Release of Confidential Information

I hereby authorize: _____

to release specified information in my record to: _____

(Person/Agency Name & Address)

This data shall include: _____

I understand this information will be used for: _____

Other information: _____

This doctrine of informed consent has been explained to me and I understand the contents to be released, the need for the information, and that there are statute and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Student's Name

Student's Date of Birth

Student's Social Security # (optional)

Date Consent Given

Signature (Parent/Guardian)

Relationship to Student

Witness

Expiration date not to exceed one year.