



AP 112-1 Release of Confidential Information (Red Folder)

As parent (s)/guardian(s) of:

Student Name: _____

Date of Birth: _____

(mm/dd/yyyy)

I (we) hereby authorize:

_____ of _____

(current school name)

(School District)

(current school address)

to release the following confidential records concerning my above named child:

- Custody/Restraining Orders
- Behaviour Assessments
- Legal Matters
- ESL/LAC Reports
- Medical/Health Reports
- Psychologist Reports
- Parent Release Forms
- School Based Team Reports
- Student Services Referrals/Reports

to the following person(s) or agency:

_____ (name of next school) _____ (address)

Signature: _____ Date: _____

Signature: _____ Date: _____