

## AUTHORIZATION OF DISCLOSURE

I, \_\_\_\_\_ hereby authorize

(Parent / Guardian)

\_\_\_\_\_ to disclose to

(Name of Person or Organization to Disclose Information)

\_\_\_\_\_

(Name of Person or Organization to Whom Disclosure is to be made)

the following information on file for my child, \_\_\_\_\_:

(Name of Student)

Specific type of information to be disclosed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The purpose or need for such disclosure: \_\_\_\_\_

\_\_\_\_\_

This consent is subject to revocation at anytime except in those circumstances in which the program has taken certain actions on the understanding that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished. However, any consent given under Subpart C, Federal Register, Volume 40-Number 127, July 1, 1975, shall have a duration no longer than that reasonably necessary to effectuate the purpose for which it is given.

Without expressed revocation this consent expires for the following specified reasons:

\_\_\_\_\_

\_\_\_\_\_

(Specify Date, Event, and / or Condition Upon Which it Will Expire)

Signature or Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_