



Dr. Terry Oatts
Superintendent

Santana Flanigan
General Counsel

Board of Education
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Tony Dowdy
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Sharon Pharr
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Katrina P. Young

Authorization to Release Information

Date: _____

I hereby authorize _____

To release the records listed below on my child, _____

DOB: _____ to: _____

Check here for RECIPROCAL RELEASE AUTHORIZATION (two-way exchange of information between the agencies above)

It is understood that the party to whom this information is released will not release it to a third party without prior consent. These records are needed for the following:

Records to be released: _____

This authorization shall remain in effect until _____. You have the right to revoke this authorization, in writing, at any time by sending such written notification to the contact below. I understand and agree to the above statement:

Parent or Legal Guardian

Date

Please return the form to: _____