



**AUTHORIZATION FOR RELEASE OF INFORMATION**

Student Name \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

I authorize the Weber School District to release and/or receive information, including academic, special education, medical, social, behavioral, and psychological regarding my child between the persons/agencies listed below:

Name of Agency/Individual \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Please check one:

This is a one-time release

This release expires on \_\_\_\_\_