

Consent for Disclosure of Student Information

I, [REDACTED], hereby give my consent to [REDACTED] to disclose my student information as specified below.

Details of Information to be Disclosed

- Grades
- Attendance Records
- Disciplinary Records
- Other (please specify): [REDACTED]

Recipient of Information

Name of recipient: [REDACTED]

Relationship to student: [REDACTED]

Purpose of Disclosure

[REDACTED]

Consent Period

From [REDACTED] To: [REDACTED]

I understand that I may withdraw this consent at any time by notifying the institution in writing.

Student Signature: _____ Date: [REDACTED]

Parent/Guardian Signature (if student is under 18): _____ Date: [REDACTED]