

Consent for Disclosure of Student Information

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

Details of Information to be Disclosed

- ☐ Grades
☐ Attendance Records
☐ Disciplinary Records
☐ Other (please specify):

Recipient of Information

Name of recipient:

Relationship to student:

Purpose of Disclosure

Consent Period

From: To:

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

Student Signature: _____ Date:

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