



Valley Catholic Elementary School
Authorization for Release of Confidential Information

Student _____ DOB _____ Grade _____

I hereby authorize the exchange of information and records described below between Valley Catholic Elementary School and the following agency(s) and/or individual(s):

- Healthcare provider(s) _____
- Agency(s) _____
- Other _____

This authorization applies to the following information: (check each box that applies)

- Cumulative File
- Individualized Learning Plan(s)
- Student Support Plan(s)
- Standardized Testing Results
- Progress Reports/Report Cards
- Other _____

Expiration: This authorization expires (date) _____

You may cancel this authorization at any time by informing Valley Catholic School in writing. If you cancel your permission to allow the release of confidential information about your child, it will go into effect immediately (unless information was previously released).

I attest to the fact that I am the legal guardian of the above named student and authorize Valley Catholic Elementary School to release the specified information and records.

Signature _____ Date _____