



Consent to Release Confidential Information

Student Name: _____ Student ID #: _____

Phone: _____ email: _____

Address: _____ City: _____ State: ___ Zip: _____

High School name: _____

I hereby give permission for instructors and/or the advising staff to release information regarding attendance and grades to the following people:

	Name	Relationship	Phone	Email
1				
2				

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____