

CONSENT FOR RELEASE OF INFORMATION
 (Release between Charlottesville City Schools and Outside Agency)

Full Legal Name of Student: _____

Date of Birth: ____/____/____

I hereby authorize an exchange of confidential information between Charlottesville City Schools and the following outside agency:

 Outside Agency

 Address of Agency

 Contact/Telephone number

My child is enrolled at the following Charlottesville City school or serving school (please check):

<input type="checkbox"/> Burnley-Moran Elementary School Contact:	<input type="checkbox"/> Greenbrier Elementary School Contact:	<input type="checkbox"/> Johnson Elementary School Contact:	<input type="checkbox"/> Walker Upper Elementary School Contact:	<input type="checkbox"/> Charlottesville High School Contact:
<input type="checkbox"/> Clark Elementary School Contact:	<input type="checkbox"/> Jackson-Via Elementary School Contact:	<input type="checkbox"/> Venable Elementary School Contact:	<input type="checkbox"/> Buford Middle School Contact:	Lugo McGinness Academy/Other (specify): _____ Contact:

This release extends to pertinent written and verbal medical, psychological, sociocultural, and educational information. The designation of one or more contact persons is to facilitate communication and does not restrict access of information to the person(s) indicated unless so specified. This consent for release of information is valid for one (1) calendar year from the date of signature.

 Signature of Parent/Guardian

____/____/____
 Date

 Signature of Student
 (as necessary/appropriate)

____/____/____
 Date

 Address and Telephone number(optional)