



**RELEASE OF INFORMATION**

Permission is granted for the exchange of all student records including educational data, special education, medical reports, and discipline information between

\_\_\_\_\_

(Name of School)

\_\_\_\_\_

(Street, Post Office)

\_\_\_\_\_

(City, County, State, Zip Code)

\_\_\_\_\_

(School Telephone Number)

and the West Point Public Schools. I understand that the party named above does not have the right to release this information without further written consent. Confidentiality of this data will be maintained.

\_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Date)

Signature of Parent or Guardian

\_\_\_\_\_

(Date)

Signature of West Point Division Official

05/10

