

Berkeley Unified School District: *Information Release/Exchange of Information*

The student support team at your child’s school requests your signature to allow us to speak with and/or exchange records in order to help the student achieve their academic goals. Any information/records we gather will be kept private and will not be shared without your written consent. You may withdraw your permission at any time.

_____ *Student’s Name*

I, _____
Parent/Legal Guardian Name

hereby authorize

_____ at _____
Name of BUSD representative *(name of BUSD school site)*

To: Please indicate the extent of this release/exchange by checking all boxes that apply:

Release only or Exchange

Type of information to be shared:

Information Records

With:

_____ *Name of Person*

_____ *Name of Agency, Organization, or School*

_____ *Phone #* *Fax #*

Regarding the following information:

_____ *Parent/Legal Guardian Signature*

_____ *Date*