



**Tri County Area Schools**  
Tradition • Character • Achievement • Success

**PARENTAL PERMISSION FOR RELEASE OR EXCHANGE  
OF CONFIDENTIAL INFORMATION FOR SCHOOLS OF CHOICE**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_  
(NAME AND ADDRESS OF CURRENT/RESIDENT SCHOOL FROM WHOM INFORMATION IS BEING REQUESTED)

**Re:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
(STUDENT'S NAME)

It is with my full knowledge and consent that I authorize the release and/or exchange of confidential information concerning my student named above with Tri County Area Schools.

Any and all information pertinent to the education and care of my child may be released and/or exchanged, including but not limited to: academic records, disciplinary/behavior records, attendance/truancy, special services (IEP, 504, etc.). This information is to be used for educational planning and placement purposes.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please forward information to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_