

# Release of Information Authorization

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_

## Purpose of Authorization

This authorization is provided to allow school staff to share student-related educational information during a school meeting when a parent/guardian with legal rights is unable to attend. The purpose of this release is to support effective communication and collaboration in the best interest of the student.

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## Authorized Individual

I authorize the school to release information to the individual listed below who will be attending the meeting on my behalf.

Name of Authorized Individual: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_  
\_\_\_\_\_

## Information Authorized for Release

I authorize the release and discussion of the following information (check all that apply):

- Academic progress and performance
- Attendance records
- Behavior and social-emotional information
- Intervention plans (e.g., RTI, MTSS)
- Evaluation data and assessment results
- Accommodations or support plans (e.g., 504 Plan)
- Other (specify):  
\_\_\_\_\_  
\_\_\_\_\_

# Acknowledgement

I understand that:

- This authorization applies only to the meeting date(s) listed above.
- No original records will be released; information will be shared verbally unless otherwise required by law.
- This authorization does not grant ongoing access to records or decision-making authority.
- I may revoke this authorization in writing at any time prior to the meeting.

I affirm that I have the legal authority to authorize the release of this information.

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## Signature

Name of Parent/Guardian (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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## School Use Only

Staff Member Receiving Authorization: \_\_\_\_\_

Date Received: \_\_\_\_\_