

PERMISSION FOR RELEASE/EXCHANGE OF STUDENT RECORDS
(Appendix19)

DATE: _____

I hereby authorize the School Board of Charlotte County, please and/or receive the following information:

- x Academic _____
- x Psychological _____
- x Behavioral _____
- x Medical _____
- x Verbal Communication _____
- x Other _____

Regarding my child: _____

DOB: _____