

CONSENT TO RELEASE INFORMATION TO

THE DEPARTMENT OF EDUCATION, EDUCATION OPERATIONS BRANCH

(To be used for request of personal information from third party. NOT to be used for transfer of student files or for ISSPs)

I hereby authorize and direct that:

Name of Party Ho	Iding Information to be Provid	ded to the Department of	Education, Education Operation Branch
□ Pr	ovide access to and disc	closure of OR	□ Forward a copy of
1. Information co	oncerning:		
Full Name of Student	t:		
	First	Middle	Last
/	/		
Date of Birth: Month	Day Year	School/Community	
2. Information is	to be provided to:		
Name of NLSchools Employee (Please print)		Position	
3. The information	on requested is:		
	Insert accurate des	scription of information to	be released
4. This request is	s made for the purpose	of:	

 I understand why this information is being requested. Please provide the information as requested To the Department of Education, Education Operation Branch . 				
Parent/Guardian Name (Please print)	Signature			
Relationship to Student	Date			
Witness Name (Please print)	Signature			
Date				