



Union County Educational Services Commission
Authorization for Exchange of Information: 2017 – 2018 School Year

Student Name _____ **Date of Birth** _____

Address _____

This release gives (Name of School) _____ and its agents the authority to exchange information as it deems professionally necessary.

Please list, as appropriate, physicians, therapists, agencies, medical facilities, et cetera.

Name _____ Title _____ Address _____ Phone _____	Name _____ Title _____ Address _____ Phone _____
Name _____ Title _____ Address _____ Phone _____	Name _____ Title _____ Address _____ Phone _____

Please check **ONE** of the following:

- The undersigned understands that this release of information is for the 2017-2018 school year.
OR
 The undersigned understands that this release of information is from _____ to _____

Signature: _____ **Date** _____
 (Parent or Guardian)