



**RELEASE OF CONFIDENTIAL INFORMATION DURING A MEETING**

<b>Student:</b>	<b>Date of Request/Meeting:</b>
<b>School:</b>	<b>Birthdate:</b>

**PARTICIPANTS INVITED BY LEGAL GUARDIAN, PARENT, STUDENT OR SURROGATE**

<b>Name/Title:</b>
<b>Name/Title:</b>
<b>Name/Title:</b>
<b>Name/Title:</b>
<b>Name/Title:</b>

**CONSENT**

I hereby authorize the release of confidential information to the participant(s) listed above which may be shared during the meeting in which the participant(s) is present. I understand that I have invited the participant(s) to attend this meeting.

**Signature of Consent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed by:**  Legal Guardian  Parent  Student (Age of Majority)  Surrogate Parent

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