



RELEASE OF RECORDS (MUTUAL EXCHANGE)

I give my permission for the exchange of information concerning my child,

_____, between
(Child's Name)

(Name of Prospective School)
_____ and
(Address of Prospective School)

(Previous School or School District)

Such information may include health records, cumulative folders and/or other confidential records.

Parent or Guardian Signature

Date

Previous School Attended _____

Address of Previous School _____
