

Consent for Release of Information
Lewistown Community Unit School District #97

I, _____ do hereby give my consent to authorize:

LCUSD #97 and/or _____
(Person/Title/Agency to release information)

to give information concerning: _____

(State specific nature of information to be disclosed)

To: _____
(Person/Title/Agency to receive information)

I understand I may revoke this consent at any time and that the above named person/agency authorized to receive this information has the right to inspect and copy for their own use the information to be disclosed.

I also understand that I can receive copies of any information received.

Signature Date

Parent/Guardian Date

Witness Date