



Red Line Advocacy

CONSENT FOR THE RELEASE/OBTAIN OF INFORMATION

Student Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____ City: _____

State: _____ Zip code: _____

Home Phone Number: _____ Cell Phone Number: _____

I authorize Red Line Advocacy, LLC. to release/obtain information to, obtain information from and communicate with:

Name: _____

Address: _____ City: _____

State: _____ Zip code: _____

Title: _____

Phone Number: _____ Fax Number: _____

Please select the information you would like released.

- Academic Records
- Special education records
- Assessments and recommendations by the above-named person or agency
- Verbal communication
- Medical records
- Other (please specify): _____

I understand that all information is confidential and cannot be released without written permission of the parent or legal guardian.

Parent/Guardian Signature

Date

Relationship to Student

Date School Received