

CONSENT FOR RELEASE OF INFORMATION  
Kinnikinnick CCSD #131

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize Kinnikinnick Community Consolidated School District #131 to **obtain and release** pertinent verbal and written information concerning the above named student.

Name of Pre-school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Teacher: \_\_\_\_\_

Session currently attending: \_\_\_\_\_

Person(s) requesting information: Chad Etnyre, Principal

I understand that this authorization allows release of records and verbal information for one year from the date below. I understand that I may revoke this consent at any time. I certify that I am the parent or legal guardian of the above named student and have the authority to sign this release.

\_\_\_\_\_  
signature

\_\_\_\_\_  
relationship to student

\_\_\_\_\_  
date