

**LOS ANGELES UNIFIED SCHOOL DISTRICT
DIVISION OF SPECIAL EDUCATION**

**CONSENT TO RELEASE
CONFIDENTIAL STUDENT INFORMATION**

Student's Name: _____

Date of Birth: _____ **Name of School:** _____

CHECK ONE:

_____ I am the parent/guardian of the above named student, a non-emancipated student under the age of 18. I hereby consent to the release of confidential student information relating to this student.

_____ I am an emancipated student or student over 18 years of age. I hereby consent to the release of my confidential student information.

Purpose of Release- If consent is being given to release information for a particular purpose, please describe this purpose:

Time Limit: - If consent is being given to release this information during a particular period of time, please write the beginning and ending date of consent:

Beginning Date: _____ **Ending Date:** _____

Signed: _____

Date: _____