



111 Walker St. Bogalusa, LA 70427 | 985.732.0005 | www.northshorecharterschool.org

Consent to Release Information

All information that has been gathered on an individual is personal and private, and you are not required to release this information. Such information cannot be released without authorized written permission, except as required by law.

I understand that the information in the record of:

Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

Is personal and private. However, I give my permission for:

Name: _____ Address: _____

City/State/Zip: _____

To release to and exchange information with:

Name: _____

Northshore Charter School
111 Walker Street
Bogalusa, LA, 70427

The following specific information:

- ✓ Diagnosis, Date and record of most recent medical and/or psychiatric assessment reports and treatment records
- ✓ Current medical, psychological, psychiatric, education reports including the current IEP (Individualized Education Plan, reports cards, evaluations, testing results, and discipline records)
- ✓ Any recommendations for educational services.

The above listed information is to be released for the specific purposes of:

Individual, multi-disciplinary evaluation and educational planning.

I understand that my permission to release this information may be cancelled at any time except when the information has already been released. My permission to release this information will expire: _____

The undersigned certifies that he/she is the parent/guardian/custodian of the minor child listed above and has the legal authorization to sign on behalf of the minor, wither by court order or by operation of law.

Parent/Guardian/Custodial Agency: _____ Witness/ Date: _____

The undersigned certifies that he/she is of legal age or is emancipated and has the legal authority to sign for him/herself.

Signature of Student: _____ Witness/Date: _____