



Waterfall Canyon
A C A D E M Y

CONSENT TO RELEASE INFORMATION

I, _____ authorize _____
Name of parent/guardian (if under 18 yo.) *Name of person/organization disclosing information*

to disclose to _____ the following information from my
Name of person/organization to which information is to be disclosed

records (specify the extent or nature of information to be disclosed): _____

The purpose for such disclosure is: _____

This consent to disclose information may be revoked by me at any time except to the extent that action has already been taken in reliance thereon.

This consent (unless expressly revoked earlier) expires upon:

Specify date, event, or condition upon which it will expire

STUDENT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE
(If under 18 yo.)