



Warren County Schools
Post Office Box 110
Warrenton, North Carolina 27589
(252) 257-3184

PERMISSION TO RELEASE INFORMATION

Date _____

I hereby authorize _____
(Agency)

to release information on:

(Name) (Date of Birth)

to Warren County Schools for the purpose of _____

Please send the following information:

- Health and Medical Records
- Psychological Report
- Educational Evaluation Reports
- Individual Education Plan
- Special Education Placement Plan
- Vision/Hearing Tests and Dental Records
- Immunization Record
- Birth Certificate
- Other _____

Thank you for your cooperation in handling this for us.

(Signature of Parent or Guardian) (Date)