CITY OF SALEM SCHOOLS

Salem, Virginia AUTHORIZATION FOR RELEASE/EXCHANGE OF RECORD INFORMATION

Last Name	First	Middle	Maiden	Date of Birth
Street Address				
City	Stat	e	Zip	Telephone Number
Current/Last School	ol Attended		Date Gra	duated/Withdrew (if applicable)
AUTHORIZATION	is hereby granted to	: (A copy of this d	ocument may be acce	epted in lieu of the original.)
Name of School/Se	ervice			
Address		City/State/Zip		Telephone/FAX Number
To RELEASE or E	EXCHANGE Information	on with/to:		
Address		City/State/Zip		Telephone/FAX Number
Official Scholarecord, standard Family Backgr Health/Medica Intelligence, A Social History Legal, Psychol Verified Report State Requires students (Gifter Other:	dized achievement test stround Data (name and all Records, Physical Fiptitude, Interest Test (if available) diogical, and Medical Fits of Serious or Recurd Reports of Evaluation, Handicapped)	dress, birthdate, gracores, school and caddress of parents) itness Data, Certi Scores Records/Reports (arrent Atypical Behans and Other Per	ide level completed, gommunity activities, voluments activities, voluments of Immunizate if available) navior Patterns (if available tinent Reports and	rades, class standing, attendance work experience) ion
child's/my school re Salem Schools, in this consent will ex	ecord. I understand I	may revoke this a extent that action	uthorization at any	time by notifying the City of aken. If not previously revoked,
Date				ligible Student's Signature
Parent/Guardian	/Eligible Student reques			