



Release of Student Information

In the interest of:

Student Name _____

Date of Birth _____

Parent/Guardian Email _____

Home Mailing Address _____

I am the parent or legal guardian of _____ (child's name), and I authorize EPIC Charter School to release the following educational information concerning _____ (child's name) to _____ (agency/individual name).

Please place a ✓ next to all that apply:

- All Items Below
- Demographic Information (student name, address, listed phone number, photograph, date/place of birth)
- Attendance Records
- Immunization Records
- Parent/Guardian Name(s)
- Academic Information
- Other (Please list: _____)

This release shall be valid for a period of one year from the signature date. Unsigned forms are not valid. A photocopy shall be deemed as valid as the original. **I understand that I have the right to revoke this release at any time.**

Parent/Guardian Signature

Relationship to Child

Date of Signature

Please carefully read the directions before completing this form.