

Authorization for Release of Information

I, _____, authorize _____
Parent/Guardian School District

to discuss and release information regarding my child, _____,
Student

DOB ____/____/____, to: **Denise Vandy, Homeschool Consultant, Phone: 315-719-9897, E-Mail: denise8773@yahoo.com**, for the purpose of assisting me with my child's home education plan. Information released/discussed to include academic transcripts, educational evaluations, IEP (Individualized Education Plan) and any information regarding my child's IHIP (Individualized Home Instruction Plan), quarterly reports and assessments.

This consent is valid until ____/____/____, unless otherwise revoked by me in writing.

Parent/Guardian Signature

Date