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**Board Members**  
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## CAMDEN COUNTY BOARD OF EDUCATION

*Dr. Travis W. Twiford, Interim Superintendent*

### Consent for Information Release/Exchange

# CONFIDENTIAL

I hereby authorize the release/exchange of information indicated below concerning:

\_\_\_\_\_  
(Child's Name) (DOB)

- ☐ Regular education records
- ☐ Exceptional children records
- ☐ Psychological/Social evaluation reports
- ☐ Medical records/reports
- ☐ Verbal exchange of information between professionals
- ☐ Other: \_\_\_\_\_

This exchange of information is granted to occur between Camden County Schools and:

\_\_\_\_\_  
\_\_\_\_\_

The purpose of releasing this information is for education and diagnostic/therapeutic purposes only.

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

This consent expires 90 days after the end of the current school year.

This authorization is fully understood and is made voluntarily on my part and I hereby release Camden County Schools from any liability whatsoever in furnishing such information.

\_\_\_\_\_  
Records Released by Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### MISSION STATEMENT

*Camden County Schools will equip all learners with knowledge, skills, and values to reach their maximum potential and encompass characteristics of our Profile of a Graduate.*