



# LOGANSPORT

COMMUNITY SCHOOL CORPORATION

## RELEASE OF INFORMATION

*I hereby give permission for release of medical, educational, and psychological information for the purpose of educational placement/programming:*

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to child: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Phone: (       )       - \_\_\_\_\_

Alternate phone: (       )       - \_\_\_\_\_