



## Release Of Information/Request for Records

Please issue the following records to Springboard After School

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I give permission for my child's school records (checked off below) to be given to the Site Coordinator for inclusion in my child's Springboard File.

\_\_\_\_ Health Record

\_\_\_\_ Immunization Record

\_\_\_\_ Individual Education Plans or any comparable records

\_\_\_\_ Psychological Records

\_\_\_\_ Other

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_