

Parental Consent to Release Minor's Information

Minor's Full Name

Date of Birth

Parent/Legal Guardian Name

Relationship to Minor

Contact Number

Email Address

Recipient of Information (Name/Organization)

Purpose of Disclosure

Type of Information to be Released

☐ I authorize the release of my child's information as described above.

☐ I understand that this consent is voluntary and may be revoked at any time in writing.

Parent/Guardian Signature

Date
