Minor Child Information Release Consent

Child Information

Full Name
Date of Birth
Address
Parent/Guardian Information
Full Name
Relationship to Child
Phone Number
Email
Information to be Delegand
Information to be Released
Specify Information
Purpose of Release
Posiniant Name or Organization
Recipient Name or Organization

Consent

I, the undersigned parent/legal guardian, hereby authorize the release of the above information regarding my minor child as indicated.

Signature of Parent/Guardian

Date			