

CAMDEN COUNTY SCHOOLS  
CAMDEN, NORTH CAROLINA

CONSENT FOR INFORMATION RELEASE/EXCHANGE

**CONFIDENTIAL**

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

\_\_\_\_\_

Child's Name	DOB
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- 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 release of 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 taken place.
- This consent expires ninety (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