



Permission to Share Information

We/I, the parent(s)/guardian(s) of _____
give our permission for his/her teacher, counselor or other school staff from the Environmental
Charter School to share information related to school (ex: disciplinary records, academic
information, behavioral information, medical information, mental health information, etc.) for the
purpose of school supports and continuity of care.

Outside Care Provider Name: _____

Agency: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

The information shared may be written, verbal or email. This permission will continue for one year
from the date below, unless we choose to end this permission in writing.

Parent/Guardian Signature of Minor

Date

Student Signature
(14+ years of age may authorize release of mental health information)

Date

CONFIDENTIAL