Literacy Volunteers of Randolph County P.O. Box 2521 Elkins, WV 26241 (304) 636 – 4515

RELEASE OF CONFIDENTIAL INFORMATION FORM FOR SCHOOLS

| I,, as the legal parent or guardian of, | |
|---|--|
| authorizeto release inform | ation specified below to the following |
| organization: | |
| Organization Name: <u>Literacy Volunteers of</u> | Randolph County |
| Address: P.O. Box 2521 | |
| City, States, Zip: Elkins, WV 26241 | |
| Information Requested X School Records X Medical Reports | Education Records and Testing Other: |
| This release of confidential information is valid of | only from the date of signature to |
| or until canceled by the undersigned in writing. | I understand the information will be kept |
| confidential and will not be sheared with any other | er agency without my consent. I review and |
| read this release form. And I understand its conte | ent. |
| Signature | Date |
| Received by: | |
| Date: | |