CORNERSTONE
CHRISTIAN • ACADEMY

Permission to Release Information

Release information to:

_____
Student's Name Grade

_____
Name of Recipient

Please list the names of any teachers for whom you will request student evaluation and/or recommendation forms.

_____
Organization

_____

_____
Address

_____

_____
City, State Zip

❑ I give permission to Cornerstone and its teachers to fully disclose all pertinent information to complete questionnaires or to provide any type of other information needed by the above named recipient/organization.

Requested by:

_____
First Name Last Name

_____
Parent Signature

_____
Date

OFFICE USE ONLY:
This release should be maintained by the school.

_____
Process start date

_____
Completion date