

CORNERSTONE

CHRISTIAN ♦ ACADEMY

Permission to Release Information

Purpose of release: _____

Requested by:

First Name Last Name

Student's Name Grade

Date

Release information to:

Name of Recipient Organization

Address

City, State Zip

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

Parent Signature

Date

OFFICE USE ONLY:

This release should be maintained by the school.

Process start date _____ Completion date _____