



Authorization to EXCHANGE/RELEASE Information

I, _____, give my
(Student's Name - Please Print)

consent to Re:Start – The Center for Adult Education to exchange and/or disclose the following information:

- Class status/standing**
- Class attendance**
- Assessment/GED Test Scores**
- Case Management Information (diagnosis, meds, therapy)**

to the individual(s) and/or agencies listed below.

Signature of Student: _____ **Date:** _____

Signature of Parent (if student is under 18): _____

This information is exchanged/disclosed only on the condition that the parties involved will not make further exchange or disclosure without consent of the parent or eligible adult student.

“Improving quality of life through adult education.”

Rvd. 1.25.12