

**Good Shepherd Lutheran School
Authorization to Release
Confidential Information**

Date: _____

I give permission for the administration and staff of Good Shepherd Lutheran School, who are directly involved with the educational needs of my son/daughter, _____, to share pertinent information concerning the needs of this student with the indicated medical/school professional listed below. This information may be disclosed to other teachers or staff members of Good Shepherd Lutheran School who directly participate with my son's/daughter's educational development.

Parent/Guardian Signature

Relationship to Student

Physician/Psychologist/Counselor/Agency

Phone Number

June 14, 2012

**Good Shepherd Lutheran School
Authorization to Release
Confidential Information**

Date: _____

I give permission for the administration and staff of Good Shepherd Lutheran School, who are directly involved with the educational needs of my son/daughter, _____, to share pertinent information concerning the needs of this student with the indicated family members listed below. This information may be disclosed verbally or in written form, **only** to family members listed below, by other teachers or staff members of Good Shepherd Lutheran School who directly participate with my son's/daughter's educational development.

Parent/Guardian Signature

Relationship to Student

Family member

Relationship

Phone Number

Family member

Relationship

Phone Number

Family member

Relationship

Phone Number

June 14, 2012