



## RELEASE OF INFORMATION PERMISSION FORM

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I/we, ..... being the parent/s or  
legal guardian/s of ..... who is a student of:

The Glenleighden School

Hereby give permission for the release of appropriate information of a clinical, diagnostic or  
academic nature related to the above mentioned student to and from *(list school or educational setting)*:

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.....  
.....  
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.....

for the purposes of providing the best intervention and outcomes.

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..... Name of Parent/Guardian	..... Signature	..... Date
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..... Name of Parent/Guardian	..... Signature	..... Date
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*Office Use Only:*

Received by: ..... Date: .....

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