

Adult Education Department
Release of Information Form

To Whom It May Concern:

This is to certify that _____
(Print Name of Requestor: Parent, Spouse or Other)

has my _____ permission to
(Print Student Name and SSN)

speak to my Adult Education Instructor _____
(Print Instructor's Name)

regarding my progress and personal record without my presence.

(Signature of Student)

(Date)

This form is to be used if students wish to grant permission to release information to a parent, spouse or other person (i.e. PIC, JobsPlus). The student must fill out the form completely, then sign and date it. It gives permission for you to release information and discuss student progress with a parent, spouse or other agency.

Please send the original of this form to Nancy Ordonia, Niceville C-202 and keep a copy in the student file. We are required to have the original on file in the registrar's office.