



## Authorization for Release of Information and Records

My child \_\_\_\_\_ is enrolled in the THRIVE Summer Youth Enrichment Program. The staff working with my child would like to coordinate interventions for my child with other agencies, schools etc . . .

I give my authorization for THRIVE personnel to exchange information with \_\_\_\_\_ School regarding services, identified issues and individual plans for my child from 4/15/10-10/15/10.

**Please cross out any Information about your child's academic profile that may NOT be shared:**

IEP (Individualized Education Plan)

504 Plans

EST (Educational Support Team)

ELL (English Language Learner)

Immunization Records

Current Reading Level

\_\_\_\_\_  
Parent's/Guardian's Name (please print)

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
THRIVE Staff Member's Name

\_\_\_\_\_  
Staff's Signature

\_\_\_\_\_  
Date