

3107 Western Ave
Durango, CO 81301



970-385-4834
www.thelibertyschool.org

Consent for the Release/Obtain of Information

Student Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

I authorize The Liberty School to release/obtain information from and communicate with:

Name: _____ Address: _____

Title: _____

Phone Number: _____ Fax Number: _____

Please select the information you would like released.

- _____ Assessments and recommendations by the above -named person or agency
- _____ Academic records
- _____ Verbal communication
- _____ Other (please specify) _____

I understand that all information is confidential and cannot be released without written permission of the parent or legal guardian.

Date

Parent/Guardian Signature

Date School Received

Relationship to the Student

Date Completed