



Warren County Schools  
Post Office Box 110  
Warrenton, North Carolina 27589  
(252) 257-3184

### PERMISSION TO RELEASE INFORMATION

Date \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
(Agency)

to release information on:

\_\_\_\_\_  
(Name) (Date of Birth)

to Warren County Schools for the purpose of \_\_\_\_\_

Please send the following information:

- Health and Medical Records
- Psychological Report
- Educational Evaluation Reports
- Individual Education Plan
- Special Education Placement Plan
- Vision/Hearing Tests and Dental Records
- Immunization Record
- Birth Certificate
- Other \_\_\_\_\_

Thank you for your cooperation in handling this for us.

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)