Burlington County Institute of Technology
Discover Your Potential

Dr. Ashanti Holley
Superintendent of Schools

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

Purpose of Release

The purpose of this release is to allow Burlington County Institute of Technology to share relevant information regarding the above-named student for educational purposes, support services, or administrative needs. This information will be used to support the student's academic, social, emotional, or physical well-being.

Information to Be Released

I authorize Burlington County Institute of Technology to release the following information (check all that apply):

- ☐ Academic Records (grades, transcripts, etc.)
- ☐ Attendance Records
- ☐ Health/Medical Information
- ☐ IEP/504 Plan Documentation
- ☐ Psychological/Behavioral Reports
- ☐ Other: _____

Recipient of Information

The information may be released to the following individual(s) or organization(s):

Recipient's Name/Organization: _____
Address: _____
Phone: _____
Email: _____

Duration of Consent

This authorization will remain in effect until (choose one):

- ☐ One year from the date of signature
- ☐ End of the academic year
- ☐ Specific date: _____
- ☐ Upon completion of services or as needed

Parent/Guardian/Adult Student Consent

I understand that my consent is voluntary and can be revoked at any time by providing written notice. Revoking consent will not affect any information released prior to the receipt of the revocation.

I have read and understand this release of information form and authorize the sharing of information as specified above.

Signature of Parent/Guardian/Adult Student: _____ **Date**: _____

Print Name: _____