

Release of Information

I, _____, as the parent/legal guardian of
Parent/Legal Guardian Name- Please Print

_____, hereby give my permission to
Student Name- Please Print

Zoie Hoffman to speak with my child's teacher(s), counselors, and other school staff to plan educational goals for them as well as to request academic records and other relevant information.

Please check one: Yes No

Parent/Legal Guardian Signature _____ Date _____