



WAKE COUNTY PUBLIC SCHOOL SYSTEM

**AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION**

I hereby authorize officials of the Wake County Public School System to release
Psychological, Educational, and Health data regarding:

_____ Name of Student _____ Date of Birth

to the following:

_____ Witness _____ Signature of Parent or Guardian

_____ Date _____ Relationship to Student

*This release expires one calendar year from the date on this document.