

Johnson O'Malley Program

CONSENT TO DISCLOSE RECORDS

As the parent of _____, I hereby consent to the disclosure of my child's educational records to the Johnson O'Malley Program.

The specific records to be released are as follows: (please initial next to each)

_____ Enrollment and attendance records, including class schedules

_____ Academic progress records

_____ Disciplinary records

Student Name _____
(please print full name)

School _____

Parent
Signature _____

Date _____

This form will become part of your child's school record and will not need to be completed every year.