



Student:

(For office use only)

Permission to Disclose

<u>Student Information</u>	
Name: _____	
DOB: _____	Gender: _____
Current Grade: _____	School: _____

I understand that **Launch Educational Services, LLC** has an obligation to keep my student's personal information, identifying information, and any conversations regarding my student confidential. I also understand that I can choose to allow

_____ (name of school) to discuss my student's academic performance to certain individuals or agencies with express parental/guardian permission.

I, _____, authorize

_____ (name of school) to share the following specific information.

Who I want to have my information:	Name: Dr. Sara Amodio Specific Name of Agency: Launch Educational Services, LLC Address: 340 Simmons Street, Erie, CO 80516 Phone Number: 303-585-1535 Email: samodio@launchedservices.com
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The information may be shared: in person by phone by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info will be shared:	<i>Updates and statuses regarding academic performance and behavior of student.</i>
Why I want info shared: (purpose)	<i>To provide background information on student to best develop, coordinate, and manage service plan.</i>

Permission to Disclose to Launch Educational Services, LLC		
I confirm that this release is valid, and I would like to extend the release for one calendar year or until end of services.		
Signed: _____ (Parent/Guardian)	Date: _____	Witness: _____ (School Official)