



EC-22
Rev 10/12

P.O. Box 128 / Pittsboro, North Carolina 27312-0128
Main Phone: (919) 542-3626
Main Fax: (919) 542-1980

PERMISSION TO RELEASE

Re: _____ School: _____
Parent: _____ Contact Person: _____
Date of Birth: _____ UNC Hospital #(if applicable) _____

I give my permission for the following person(s) to release confidential information from the files of the above individual to the Chatham County School System and give my permission for the Chatham County School System to release confidential information to them:

Person/Agency	Address	Phone/Fax

Person/Agency	Address	Phone/Fax
---------------	---------	-----------

Type of information requested:

In addition to the initial disclosure of information, I authorize periodic exchanges of information between Chatham County Schools and the noted agencies for the purpose of:

I understand that I may revoke my authorization by giving written notice to the school. Such revocation does not affect the validity of the consent for information disclosed/released prior to the revocation. If not revoked earlier, this authorization expires one year from the date it is signed or ____/____/____, whichever is earlier.

Signed _____ Date _____
(Specify Parent, Guardian, or Eligible Student)

**The information released is confidential and redisclosure is prohibited
except as authorized by G.S. 122C-53 through G.S. 122C-56.**