

**Pulaski County School Board**  
202 Washington Avenue  
**Pulaski, Virginia 24301**

Phone: 540-994-2546  
Fax: 540-994-2560

**CONSENT FOR RELEASE OF INFORMATION**

To assist Pulaski County Schools in the development of appropriate educational plans for my child. I hereby authorize:

---

(Professional/Agency)

---

(Address, City, State, Zip Code)

to release information concerning:

---

(Student)

to:

**Pulaski County Schools**  
**202 Washington Avenue**  
**Pulaski, Virginia 24301**

I also authorize Pulaski County Schools to release information concerning:

---

(Student)

to:

---

(Professional/School)

---

(Address, City, State, Zip Code)

This information shall include:

- |   |   |
|---|---|
| <input type="checkbox"/> Reason for Referral            | <input type="checkbox"/> Social/Developmental History |
| <input type="checkbox"/> Psychological Evaluation       | <input type="checkbox"/> Academic Achievement         |
| <input type="checkbox"/> Medical Information            | <input type="checkbox"/> Current Medications          |
| <input type="checkbox"/> Exceptional Children's Records |   |
| <input type="checkbox"/> Other: _____                   |   |

- I am  The parent, legal guardian, or surrogate parent of the above named student who is under 18 years of age.  
 The above named student who is 18 years of age or older.

---

Signature

---

Date