



Release of Information

NOTE: In order to complete this form electronically, first save a duplicate copy to your computer.
Using the tab key will assist you in moving to the next section.

Child's Name: _____

I give my permission for any representative of the Charles Armstrong School staff, to speak with the persons (name of teacher, administrator, psychologist, educational consultant, physician, resource specialist) indicated below, regarding my child.

NAME	TITLE/ROLE	PHONE	EMAIL

Comments: _____

Parent's Name(s):	
Parent's Signature*:	
Relationship to Child:	Date:
Email:	Phone:

****If you do not have electronic signature capabilities, please enter your name as verification. Return by uploading a pdf copy to the Admissions on-line system or email to Charles Armstrong School at rlewis@charlesarmstrong.org***