



## ELIGIBLE STUDENT CONSENT TO RELEASE AND SHARE INFORMATION

I \_\_\_\_\_ give my informed consent for Enlightenment Academy employees to communicate and share information, in writing and in conversation with:

\_\_\_\_\_  
Agency (if applicable)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address/Post Office Box

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Regarding \_\_\_\_\_

\_\_\_\_\_  
Eligible Student Legal Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address/Post Office Box

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

For the purpose of (as checked)

☐

Obtaining written reports, including report cards and transcripts

☐

Other (specifically): \_\_\_\_\_

\_\_\_\_\_  
I have read and understand the conditions of this release. This consent is valid for one year (12 months) unless I revoke it before the end of the year.

\_\_\_\_\_  
Signature of Eligible Student

\_\_\_\_\_  
Date