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PERMISSION TO SHARE STUDENT INFORMATION

Permission Slip to share student information with Third Party Member (ex: TUTOR)

Student's Name: _____ Grade: _____

I agree to the following criteria for the release of my student academic or other progress reports:

- If they inquire, I give my permission for the named individual (s) on this form to receive information regarding my students academic or other progress reports.
- I understand that I may revise or revoke this "Request to Share Information" in writing to the front office, while the student is attending EHCS.
- I acknowledge that this "Request to Share Information" form remains in effect for the entire current school year.
- I understand that it is my responsibility to communicate and share information with those persons I deem appropriate.

The following individual(s) may receive information from EHCS regarding my student academic or other progress reports.

NAME	DEPARTMENT	PHONE #

Parent Signature: 	Date:
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