
AUTHORITY FOR RELEASE OF INFORMATION

Student's Name:

I

Of (Address):

Telephone:

give permission for (previous school).....

To release verbal information and / or reports and documentation to:

The Principal
Bass Coast Specialist School
6 McKenzie Street (PO BOX 640)
Wonthaggi, VIC, 3995
Telephone: 03 5672 4474

Regarding (student name):

Relationship to child:

Signed: Name:

Date: