



CAREER & TECHNICAL  
EDUCATION AREA



### Release of Information Form

Student Name: \_\_\_\_\_

School Year: \_\_\_\_\_

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

A successful Work-Based Learning program relies on open communication between the student, parents, Site Supervisor, and the WBL Coordinator. **There may be instances in which the Work-Based Learning Coordinator (or guidance counselor, or school administrator) may find it necessary to release information about the student to the WBL placement site, or to potential Site Supervisors.** This information may include, but is not limited to, cell phone numbers, transcript information, health records, classroom grades and progress, special education modifications, etc.

By signing below, you indicate that you understand the necessity of this and you provide permission to Twin Rivers and/or its representatives to release such information to Supervisors or training station employees, as the Work-Based Learning coordinator deems appropriate.

By signing, you release Twin Rivers and/or its representatives from any and all liability and damages that may result from the release of this information. A photocopy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date