



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 to release such information to Supervisors or training station employees, as the Work-Based Learning coordinator deems appropriate.

Student Signature

Date

Parent/Guardian Signature

Date