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**SIGNED PERMISSION FOR RELEASE
OR
TRANSMITTAL OF INFORMATION**

I hereby give permission to the Board of Education of Allegany County, Cumberland, Maryland, to obtain or release pertinent information in the best interest of the student.

Name of Student: _____ Date of Birth: _____

Complete Address of Student:

City

State

Zip Code

Signature of Individual /Student (18 years or older) *Date*

Signature of Parent or Guardian *Date*

Address

City *State* *Zip Code*

Specific record(s) to be released: _____

Use of released information: _____

Person(s) to receive records & Mailing address or email or fax#:
