



PERMISSION FOR VISTA LEARNING CENTER TO DISCLOSE STUDENT RECORDS TO ANYONE OTHER THE STUDENT'S SCHOOL DISTRICT

Name of student: _____ Date of Birth: _____

Name of adult signing on minor student's behalf: _____
[please print]

Adult's relationship to student: _____

I hereby give permission for Vista Learning Center to disclose records regarding this student to:

[print name and address]

This permission authorizes Vista Learning Center to disclose the following categories of records, as well as information from these categories of records. (Please check one or more lines.)

- ___ 1. Confidential File/Special Education Records
- ___ 2. Administrative Records
- ___ 3. Educational Records
- ___ 4. Psychological Records
- ___ 5. Health Records
- ___ 6. Other: _____

This permission to disclose records is for the following purpose. (Please describe. Do not leave blank.)

A copy of this permission shall have the same force as the original.

Signature: _____ Date: _____
Parent, Legal Guardian, or Adult Student (age 18 or over)

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