AUTHORIZATION OF RELEASE RESKILL AMERICANS RECORDS

I hereby authorize the release of records and attendance of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to

\_\_\_\_\_\_Urban League\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This release covers all school records, including but not limited to, records pertaining to

discipline, expulsions, suspensions, attendance, grades, transcripts, testing results.

I understand that \_\_\_\_\_\_\_Urban League\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and his/her staff will regard as confidential and privileged any information thus released to them, and will use said information for the sole purpose of confirming my hours for the stipend and internship.

A copy of this Authorization shall be as valid as the original. This authorization is effective

immediately and expires one year from the date below.

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_