



The undersigned gives permission for the information listed below to be shared between the Clara Mohammed School of STL and the following agency(ies) or other entity(ies).

Agency Information

School Name		
Clara Mohammed School of STL		
School Address		
1435 North Grand Blvd.		
City	State	Zip
St. Louis	MO	63106
School Phone Number		
314-339-6269		

Shared Agency		
hgh		
Shared Agency Address		
City	State	Zip
Shared Agency Phone Number		

Small Check-Off Boxes Template

Type Of Information To Be Shared	Limits
<input type="checkbox"/> Medical <input type="checkbox"/> Intellectual / Psychological <input type="checkbox"/> Educational <input type="checkbox"/> Psychiatric <input type="checkbox"/> Social History <input type="checkbox"/> Behavior Records <input type="checkbox"/> Other:	All information received by the school shall be used for legitimate educational purposes and confidentiality of all student records shall be maintained in accordance with applicable state and federal laws. Further, the undersigned authorizes the school to release the stated records only for the following purpose:

Student Information

Last Name	First Name	Date of Birth	
Student ID	Address		
Grade Level	City	State	Zip

Signature

Parent / Guardian Signature	Date	Student Signature (if applicable)	Date