

Dane County **Consent for release of information**
Neighborhood Intervention Program --

Name:	Birth date:
The undersigned hereby authorizes (name of School) _____ to release the following information: Grades, Classroom Behavior, Attendance _____	
Regarding the above-named child. to _____ (Name) (Position)	
of the Dane County Neighborhood Intervention Program.	
Information gathered as outlined above may be discussed with other involved professional persons and/or reported to the Juvenile Court.	
This authorization will expire as of June <u>2009</u> .	
_____ Signature: _____ Relationship: _____	