

TO BE TRANSLATED INTO THE STUDENT'S HOME LANGUAGE
AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION
TO OUT-OF-SCHOOL/AFTER SCHOOL PROVIDER

I, _____, authorize the Cambridge Public Schools and my child's school to release copies of the student record of my child and/or relevant school information to the following Out-of-School/After School Provider, _____, which is located at _____

(hereinafter "Out of-School Provider"), and for the Out-of-School Provider to release relevant school/out-of-school/after school information to the Cambridge Public Schools and my child's school. I further represent that I have authorized both the Cambridge Public Schools and my child's school and the Out-of-School Provider to release, exchange and receive such documents and school/out-of-school/after school information in order to support my child's success both in and out of school.

By signing this Authorization for Release and granting permission as stated herein, I am releasing the City of Cambridge, Cambridge School Committee, the Cambridge Public Schools and its individual schools and the Out-of-School Provider and their respective officers, directors, agents, members and/or employees from and against all claims arising out of the release of my and/or my child's student records and/or school/out-of-school/after school information and any subsequent use of these records and information by the designated recipient and his/her respective officers, directors, agents, members and/or employees.

I have read this Authorization for Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Student Name

Grade

Date of Birth

Parent/Guardian/Caregiver Name

Parent/Guardian/Caregiver Signature

Date

Student Signature (if 14 or older)

Date