

East Arkansas Community College
EastArk Secondary Career Center Office
Release of Information Form

Date: _____

I, _____, give my permission to the
ESCC Office to discuss attendance, performance, class activities and/or other
information with the following individuals at _____
High School:

- Guidance Counselor
- Principal
- Records Keeper

Please list any other individuals and relationship to the person(s) below. Example:
parents, grandparents, guardian

Name	Relationship

Signature: _____