



RELEASE FORM

Student's Name: _____

RECORDS RELEASE AUTHORIZATION

I hereby authorize and request (name of school) _____
to release to the 21st CCLC After School Academic Program (ASAP) a copy of
my child's academic records to be used for program planning and evaluation.

Parent/Guardian Signature

Date

PICTURE RELEASE AUTHORIZATION

I hereby do give permission for my child to be photographed or video
recorded to appear in media coverage for program promotional purposes for
the 21st CCLC After School Academic Program (ASAP).

Parent/Guardian Signature

Date

This form will be placed in the student's file.