



Lee/Ogle Regional Office of Education

*Reaching **O**ut to **E**ducate
...inspire and achieve...*

Amy Jo Clemens, Regional Superintendent
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Release of Information

I _____ (student name) authorize the Lee/Ogle Regional Office of Education to request and receive information from the following graduation incentive program:

Program Name: Organization:	
Address:	
City:	
State and Zip:	
Telephone Number:	

This release of confidential information is only valid from date of signature to _____ (ending date) or until cancelled by the undersigned in writing. I understand the information will be kept confidential and will not be shared with any other agency without my consent. This release form has been read/viewed with me and I understand its content.

Parent Signature:	
Student Signature:	
Student date of birth:	
Today's date:	