



**ACKNOWLEDGEMENT AND SIGNATURE**

I acknowledge by my signature that I understand that, although I am not required to release my child's records, I am giving my consent to release the information. This release will remain in effect while the child is enrolled in Bismarck Public Schools unless I revoke such consent.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**RETURN FORM TO:** \_\_\_\_\_

\_\_\_\_\_

Date form was returned to school: \_\_\_\_\_

Received by: \_\_\_\_\_

\_\_\_\_\_